

<i>SERFF Tracking Number:</i>	<i>AETN-126940373</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-02367</i>
<i>Company Tracking Number:</i>	<i>CA-2010-11</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>Individual Medical</i>		
<i>Project Name/Number:</i>	<i>CA 2Q11 New Business/CA-2010-11</i>		

Filing at a Glance

Company: Aetna Life Insurance Company	SERFF Tr Num: AETN-126940373	State: California
Product Name: Individual Medical	SERFF Status: Assigned	State Tr Num: PF-2010-02367
TOI: H16I Individual Health - Major Medical	Co Tr Num: CA-2010-11	State Status:
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)		
Filing Type: Rate		Reviewer(s): Angela Jang, Bruce Hinze, Sai-on Sam, Ali Zaker-Shahrak, Xiangchen Meng
	Authors: Beatriz Girasulo, James Zheng, James Lescoe, Joshua Fox	Disposition Date:
	Date Submitted: 12/09/2010	Disposition Status:
Implementation Date Requested: 04/01/2011		Implementation Date:

General Information

Project Name: CA 2Q11 New Business	Status of Filing in Domicile: Not Filed
Project Number: CA-2010-11	Date Approved in Domicile:
Requested Filing Mode: Combination	Domicile Status Comments: Not required to be filed in Connecticut.
Explanation for Combination/Other: File & Acknowledge	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 2.8%	Group Market Type:
Filing Status Changed: 12/09/2010	Explanation for Other Group Market Type:
	State Status Changed:
Deemer Date:	Created By: James Lescoe
Submitted By: James Lescoe	Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related	
Filing Description:	
We enclose, for your Department's filing, a rate filing for new business written on the above referenced approved form. The rates for these Individual Advantage plans will become effective on April 1, 2011. These rates are 2.8% higher than the rates in the prior filing.	

The rates and plan designs contained in this filing do not use gender as a rating variable and comply with requirements

SERFF Tracking Number: AETN-126940373 State: California
Filing Company: Aetna Life Insurance Company State Tracking Number: PF-2010-02367
Company Tracking Number: CA-2010-11
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: Individual Medical
Project Name/Number: CA 2Q11 New Business/CA-2010-11

of the Affordable Care Act (ACA).

Supporting documentation for this filing includes the following:

- Document Submission Form
- Actuarial Memorandum and Certification
- Exhibit A - Summary of plan designs
- Exhibit B - Demographic Factors
- Exhibit C - Rating Area Definitions and Factors
- Exhibit D - Demonstration of the Anticipated Lifetime Loss Ratio
- Rate Tables for each of the benefit plans (*Please note that the rates presented for MC 7500 with Unlimited Primary Care Visits plus Dental – v01-2011 contain medical only rates and the dental rider rate would be added in.)

Company and Contact

Filing Contact Information

James Lescoe, Assistant Actuary
151 Farmington Ave
Hartford, CT 06156
LescoeJ@aetna.com
860-273-0123 [Phone]

Filing Company Information

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156
(860) 273-7546 ext. [Phone]
CoCode: 60054
Group Code: 1
Group Name:
FEIN Number: 06-6033492
State of Domicile: Connecticut
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$0.00		

<i>SERFF Tracking Number:</i>	<i>AETN-126940373</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-02367</i>
<i>Company Tracking Number:</i>	<i>CA-2010-11</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>Individual Medical</i>		
<i>Project Name/Number:</i>	<i>CA 2Q11 New Business/CA-2010-11</i>		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	CA NB Rate Tables Eff 4-1-2011		New		07_4-1-11 CA NB Rate Tables.pdf

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 1
CP Base Rates

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$566	0	\$500	0	\$402	0	\$371
1	\$255	1	\$226	1	\$182	1	\$167
2	\$167	2	\$147	2	\$119	2	\$109
3	\$155	3	\$137	3	\$110	3	\$101
4	\$143	4	\$126	4	\$101	4	\$94
5	\$132	5	\$117	5	\$94	5	\$86
6	\$124	6	\$110	6	\$88	6	\$81
7	\$118	7	\$105	7	\$84	7	\$77
8	\$116	8	\$101	8	\$82	8	\$75
9	\$114	9	\$101	9	\$82	9	\$75
10	\$118	10	\$104	10	\$84	10	\$77
11	\$123	11	\$109	11	\$87	11	\$81
12	\$130	12	\$116	12	\$93	12	\$85
13	\$135	13	\$120	13	\$96	13	\$88
14	\$145	14	\$128	14	\$102	14	\$95
15	\$155	15	\$136	15	\$110	15	\$101
16	\$164	16	\$145	16	\$117	16	\$107
17	\$173	17	\$153	17	\$123	17	\$113
18	\$178	18	\$157	18	\$126	18	\$117
19	\$181	19	\$160	19	\$129	19	\$119
20	\$177	20	\$156	20	\$125	20	\$116
21	\$172	21	\$152	21	\$122	21	\$112
22	\$162	22	\$144	22	\$116	22	\$107
23	\$166	23	\$146	23	\$118	23	\$108
24	\$169	24	\$149	24	\$120	24	\$110
25	\$174	25	\$154	25	\$124	25	\$114
26	\$181	26	\$160	26	\$129	26	\$119
27	\$189	27	\$167	27	\$134	27	\$123
28	\$195	28	\$173	28	\$140	28	\$128
29	\$203	29	\$179	29	\$144	29	\$132
30	\$208	30	\$184	30	\$148	30	\$136
31	\$213	31	\$187	31	\$152	31	\$138
32	\$216	32	\$191	32	\$154	32	\$141
33	\$218	33	\$193	33	\$155	33	\$143
34	\$219	34	\$194	34	\$156	34	\$144
35	\$221	35	\$196	35	\$158	35	\$145
36	\$225	36	\$198	36	\$159	36	\$147
37	\$229	37	\$202	37	\$162	37	\$149
38	\$234	38	\$207	38	\$167	38	\$153
39	\$241	39	\$213	39	\$171	39	\$158
40	\$249	40	\$220	40	\$177	40	\$162
41	\$257	41	\$227	41	\$183	41	\$168
42	\$265	42	\$234	42	\$189	42	\$173
43	\$274	43	\$242	43	\$195	43	\$179
44	\$282	44	\$250	44	\$201	44	\$184
45	\$291	45	\$257	45	\$207	45	\$191
46	\$301	46	\$266	46	\$214	46	\$196
47	\$310	47	\$274	47	\$220	47	\$203
48	\$319	48	\$282	48	\$227	48	\$209
49	\$329	49	\$291	49	\$234	49	\$215
50	\$338	50	\$300	50	\$241	50	\$221
51	\$348	51	\$308	51	\$247	51	\$228
52	\$359	52	\$317	52	\$255	52	\$234
53	\$370	53	\$327	53	\$263	53	\$242
54	\$383	54	\$339	54	\$273	54	\$251
55	\$398	55	\$352	55	\$283	55	\$261
56	\$415	56	\$367	56	\$295	56	\$271
57	\$433	57	\$383	57	\$307	57	\$283
58	\$451	58	\$399	58	\$320	58	\$295
59	\$470	59	\$415	59	\$335	59	\$307
60	\$489	60	\$433	60	\$348	60	\$320
61	\$519	61	\$459	61	\$370	61	\$340
62	\$552	62	\$488	62	\$392	62	\$361
63	\$585	63	\$518	63	\$416	63	\$383
64	\$621	64	\$549	64	\$441	64	\$407
65+	\$659	65+	\$583	65+	\$470	65+	\$432

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011**

**Area 1
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$306	0	\$703	0	\$242	0	\$377
1	\$138	1	\$317	1	\$109	1	\$170
2	\$90	2	\$207	2	\$71	2	\$111
3	\$84	3	\$192	3	\$66	3	\$104
4	\$77	4	\$177	4	\$61	4	\$95
5	\$72	5	\$165	5	\$57	5	\$88
6	\$68	6	\$154	6	\$52	6	\$83
7	\$64	7	\$147	7	\$50	7	\$78
8	\$62	8	\$143	8	\$49	8	\$76
9	\$62	9	\$143	9	\$49	9	\$76
10	\$63	10	\$146	10	\$50	10	\$78
11	\$66	11	\$153	11	\$52	11	\$82
12	\$71	12	\$161	12	\$56	12	\$87
13	\$73	13	\$168	13	\$58	13	\$90
14	\$78	14	\$180	14	\$62	14	\$96
15	\$84	15	\$192	15	\$65	15	\$102
16	\$88	16	\$204	16	\$70	16	\$109
17	\$94	17	\$215	17	\$74	17	\$116
18	\$96	18	\$220	18	\$75	18	\$119
19	\$98	19	\$225	19	\$77	19	\$121
20	\$96	20	\$219	20	\$75	20	\$118
21	\$93	21	\$214	21	\$73	21	\$114
22	\$88	22	\$202	22	\$70	22	\$109
23	\$89	23	\$205	23	\$71	23	\$110
24	\$92	24	\$209	24	\$72	24	\$112
25	\$95	25	\$217	25	\$74	25	\$117
26	\$98	26	\$225	26	\$77	26	\$121
27	\$102	27	\$233	27	\$81	27	\$125
28	\$106	28	\$243	28	\$84	28	\$131
29	\$109	29	\$251	29	\$86	29	\$135
30	\$112	30	\$258	30	\$88	30	\$138
31	\$114	31	\$264	31	\$90	31	\$142
32	\$117	32	\$267	32	\$92	32	\$144
33	\$118	33	\$270	33	\$93	33	\$145
34	\$119	34	\$273	34	\$94	34	\$146
35	\$120	35	\$275	35	\$95	35	\$147
36	\$121	36	\$279	36	\$96	36	\$149
37	\$124	37	\$283	37	\$97	37	\$153
38	\$126	38	\$291	38	\$100	38	\$156
39	\$131	39	\$299	39	\$102	39	\$160
40	\$135	40	\$308	40	\$106	40	\$166
41	\$140	41	\$319	41	\$110	41	\$171
42	\$144	42	\$329	42	\$113	42	\$177
43	\$148	43	\$340	43	\$117	43	\$182
44	\$153	44	\$351	44	\$121	44	\$189
45	\$158	45	\$362	45	\$124	45	\$194
46	\$162	46	\$373	46	\$129	46	\$201
47	\$168	47	\$385	47	\$132	47	\$207
48	\$173	48	\$397	48	\$136	48	\$213
49	\$178	49	\$409	49	\$141	49	\$219
50	\$183	50	\$421	50	\$144	50	\$226
51	\$189	51	\$433	51	\$148	51	\$232
52	\$194	52	\$445	52	\$153	52	\$239
53	\$201	53	\$459	53	\$158	53	\$246
54	\$207	54	\$475	54	\$164	54	\$255
55	\$216	55	\$495	55	\$170	55	\$266
56	\$225	56	\$516	56	\$177	56	\$277
57	\$234	57	\$537	57	\$184	57	\$289
58	\$244	58	\$560	58	\$192	58	\$301
59	\$254	59	\$583	59	\$201	59	\$314
60	\$265	60	\$607	60	\$208	60	\$326
61	\$281	61	\$645	61	\$221	61	\$347
62	\$299	62	\$685	62	\$235	62	\$367
63	\$317	63	\$727	63	\$250	63	\$390
64	\$337	64	\$772	64	\$265	64	\$414
65+	\$358	65+	\$819	65+	\$281	65+	\$440

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 1
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$232	0	\$498	0	\$669	0	\$277
1	\$105	1	\$225	1	\$302	1	\$125
2	\$69	2	\$147	2	\$197	2	\$82
3	\$63	3	\$136	3	\$183	3	\$75
4	\$59	4	\$125	4	\$169	4	\$70
5	\$55	5	\$117	5	\$156	5	\$64
6	\$51	6	\$109	6	\$146	6	\$61
7	\$48	7	\$104	7	\$140	7	\$58
8	\$47	8	\$101	8	\$136	8	\$57
9	\$47	9	\$101	9	\$136	9	\$56
10	\$48	10	\$104	10	\$140	10	\$58
11	\$50	11	\$108	11	\$145	11	\$60
12	\$53	12	\$114	12	\$154	12	\$63
13	\$56	13	\$119	13	\$160	13	\$66
14	\$59	14	\$128	14	\$171	14	\$71
15	\$63	15	\$135	15	\$182	15	\$75
16	\$68	16	\$144	16	\$194	16	\$80
17	\$71	17	\$153	17	\$205	17	\$85
18	\$73	18	\$156	18	\$210	18	\$87
19	\$74	19	\$159	19	\$214	19	\$88
20	\$72	20	\$156	20	\$209	20	\$86
21	\$71	21	\$152	21	\$203	21	\$84
22	\$66	22	\$143	22	\$193	22	\$80
23	\$68	23	\$145	23	\$195	23	\$81
24	\$70	24	\$148	24	\$199	24	\$83
25	\$72	25	\$154	25	\$206	25	\$85
26	\$74	26	\$159	26	\$214	26	\$88
27	\$77	27	\$166	27	\$222	27	\$92
28	\$81	28	\$172	28	\$231	28	\$96
29	\$83	29	\$178	29	\$239	29	\$99
30	\$85	30	\$183	30	\$246	30	\$101
31	\$87	31	\$186	31	\$251	31	\$104
32	\$88	32	\$190	32	\$255	32	\$105
33	\$89	33	\$192	33	\$257	33	\$106
34	\$89	34	\$193	34	\$259	34	\$107
35	\$90	35	\$195	35	\$262	35	\$108
36	\$92	36	\$197	36	\$265	36	\$109
37	\$94	37	\$201	37	\$270	37	\$111
38	\$96	38	\$206	38	\$277	38	\$114
39	\$99	39	\$211	39	\$284	39	\$118
40	\$101	40	\$219	40	\$294	40	\$121
41	\$106	41	\$226	41	\$304	41	\$125
42	\$109	42	\$233	42	\$314	42	\$130
43	\$112	43	\$241	43	\$324	43	\$134
44	\$116	44	\$249	44	\$334	44	\$138
45	\$119	45	\$256	45	\$344	45	\$142
46	\$123	46	\$264	46	\$355	46	\$147
47	\$126	47	\$273	47	\$366	47	\$152
48	\$131	48	\$281	48	\$377	48	\$156
49	\$135	49	\$289	49	\$389	49	\$160
50	\$138	50	\$298	50	\$400	50	\$166
51	\$143	51	\$306	51	\$412	51	\$170
52	\$147	52	\$315	52	\$424	52	\$175
53	\$152	53	\$325	53	\$437	53	\$181
54	\$157	54	\$337	54	\$452	54	\$187
55	\$164	55	\$350	55	\$471	55	\$194
56	\$170	56	\$365	56	\$491	56	\$203
57	\$178	57	\$380	57	\$511	57	\$211
58	\$184	58	\$397	58	\$533	58	\$220
59	\$193	59	\$413	59	\$556	59	\$230
60	\$201	60	\$431	60	\$579	60	\$239
61	\$213	61	\$457	61	\$614	61	\$254
62	\$226	62	\$485	62	\$652	62	\$269
63	\$240	63	\$514	63	\$692	63	\$286
64	\$254	64	\$546	64	\$735	64	\$303
65+	\$270	65+	\$580	65+	\$779	65+	\$322

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 2
CP Base Rates**

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$566	0	\$500	0	\$402	0	\$371
1	\$255	1	\$226	1	\$182	1	\$167
2	\$167	2	\$147	2	\$119	2	\$109
3	\$155	3	\$137	3	\$110	3	\$101
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5	\$132	5	\$117	5	\$94	5	\$86
6	\$124	6	\$110	6	\$88	6	\$81
7	\$118	7	\$105	7	\$84	7	\$77
8	\$116	8	\$101	8	\$82	8	\$75
9	\$114	9	\$101	9	\$82	9	\$75
10	\$118	10	\$104	10	\$84	10	\$77
11	\$123	11	\$109	11	\$87	11	\$81
12	\$130	12	\$116	12	\$93	12	\$85
13	\$135	13	\$120	13	\$96	13	\$88
14	\$145	14	\$128	14	\$102	14	\$95
15	\$155	15	\$136	15	\$110	15	\$101
16	\$164	16	\$145	16	\$117	16	\$107
17	\$173	17	\$153	17	\$123	17	\$113
18	\$178	18	\$157	18	\$126	18	\$117
19	\$181	19	\$160	19	\$129	19	\$119
20	\$177	20	\$156	20	\$125	20	\$116
21	\$172	21	\$152	21	\$122	21	\$112
22	\$162	22	\$144	22	\$116	22	\$107
23	\$166	23	\$146	23	\$118	23	\$108
24	\$169	24	\$149	24	\$120	24	\$110
25	\$174	25	\$154	25	\$124	25	\$114
26	\$181	26	\$160	26	\$129	26	\$119
27	\$189	27	\$167	27	\$134	27	\$123
28	\$195	28	\$173	28	\$140	28	\$128
29	\$203	29	\$179	29	\$144	29	\$132
30	\$208	30	\$184	30	\$148	30	\$136
31	\$213	31	\$187	31	\$152	31	\$138
32	\$216	32	\$191	32	\$154	32	\$141
33	\$218	33	\$193	33	\$155	33	\$143
34	\$219	34	\$194	34	\$156	34	\$144
35	\$221	35	\$196	35	\$158	35	\$145
36	\$225	36	\$198	36	\$159	36	\$147
37	\$229	37	\$202	37	\$162	37	\$149
38	\$234	38	\$207	38	\$167	38	\$153
39	\$241	39	\$213	39	\$171	39	\$158
40	\$249	40	\$220	40	\$177	40	\$162
41	\$257	41	\$227	41	\$183	41	\$168
42	\$265	42	\$234	42	\$189	42	\$173
43	\$274	43	\$242	43	\$195	43	\$179
44	\$282	44	\$250	44	\$201	44	\$184
45	\$291	45	\$257	45	\$207	45	\$191
46	\$301	46	\$266	46	\$214	46	\$196
47	\$310	47	\$274	47	\$220	47	\$203
48	\$319	48	\$282	48	\$227	48	\$209
49	\$329	49	\$291	49	\$234	49	\$215
50	\$338	50	\$300	50	\$241	50	\$221
51	\$348	51	\$308	51	\$247	51	\$228
52	\$359	52	\$317	52	\$255	52	\$234
53	\$370	53	\$327	53	\$263	53	\$242
54	\$383	54	\$339	54	\$273	54	\$251
55	\$398	55	\$352	55	\$283	55	\$261
56	\$415	56	\$367	56	\$295	56	\$271
57	\$433	57	\$383	57	\$307	57	\$283
58	\$451	58	\$399	58	\$320	58	\$295
59	\$470	59	\$415	59	\$335	59	\$307
60	\$489	60	\$433	60	\$348	60	\$320
61	\$519	61	\$459	61	\$370	61	\$340
62	\$552	62	\$488	62	\$392	62	\$361
63	\$585	63	\$518	63	\$416	63	\$383
64	\$621	64	\$549	64	\$441	64	\$407
65+	\$659	65+	\$583	65+	\$470	65+	\$432

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 2
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$306	0	\$703	0	\$242	0	\$377
1	\$138	1	\$317	1	\$109	1	\$170
2	\$90	2	\$207	2	\$71	2	\$111
3	\$84	3	\$192	3	\$66	3	\$104
4	\$77	4	\$177	4	\$61	4	\$95
5	\$72	5	\$165	5	\$57	5	\$88
6	\$68	6	\$154	6	\$52	6	\$83
7	\$64	7	\$147	7	\$50	7	\$78
8	\$62	8	\$143	8	\$49	8	\$76
9	\$62	9	\$143	9	\$49	9	\$76
10	\$63	10	\$146	10	\$50	10	\$78
11	\$66	11	\$153	11	\$52	11	\$82
12	\$71	12	\$161	12	\$56	12	\$87
13	\$73	13	\$168	13	\$58	13	\$90
14	\$78	14	\$180	14	\$62	14	\$96
15	\$84	15	\$192	15	\$65	15	\$102
16	\$88	16	\$204	16	\$70	16	\$109
17	\$94	17	\$215	17	\$74	17	\$116
18	\$96	18	\$220	18	\$75	18	\$119
19	\$98	19	\$225	19	\$77	19	\$121
20	\$96	20	\$219	20	\$75	20	\$118
21	\$93	21	\$214	21	\$73	21	\$114
22	\$88	22	\$202	22	\$70	22	\$109
23	\$89	23	\$205	23	\$71	23	\$110
24	\$92	24	\$209	24	\$72	24	\$112
25	\$95	25	\$217	25	\$74	25	\$117
26	\$98	26	\$225	26	\$77	26	\$121
27	\$102	27	\$233	27	\$81	27	\$125
28	\$106	28	\$243	28	\$84	28	\$131
29	\$109	29	\$251	29	\$86	29	\$135
30	\$112	30	\$258	30	\$88	30	\$138
31	\$114	31	\$264	31	\$90	31	\$142
32	\$117	32	\$267	32	\$92	32	\$144
33	\$118	33	\$270	33	\$93	33	\$145
34	\$119	34	\$273	34	\$94	34	\$146
35	\$120	35	\$275	35	\$95	35	\$147
36	\$121	36	\$279	36	\$96	36	\$149
37	\$124	37	\$283	37	\$97	37	\$153
38	\$126	38	\$291	38	\$100	38	\$156
39	\$131	39	\$299	39	\$102	39	\$160
40	\$135	40	\$308	40	\$106	40	\$166
41	\$140	41	\$319	41	\$110	41	\$171
42	\$144	42	\$329	42	\$113	42	\$177
43	\$148	43	\$340	43	\$117	43	\$182
44	\$153	44	\$351	44	\$121	44	\$189
45	\$158	45	\$362	45	\$124	45	\$194
46	\$162	46	\$373	46	\$129	46	\$201
47	\$168	47	\$385	47	\$132	47	\$207
48	\$173	48	\$397	48	\$136	48	\$213
49	\$178	49	\$409	49	\$141	49	\$219
50	\$183	50	\$421	50	\$144	50	\$226
51	\$189	51	\$433	51	\$148	51	\$232
52	\$194	52	\$445	52	\$153	52	\$239
53	\$201	53	\$459	53	\$158	53	\$246
54	\$207	54	\$475	54	\$164	54	\$255
55	\$216	55	\$495	55	\$170	55	\$266
56	\$225	56	\$516	56	\$177	56	\$277
57	\$234	57	\$537	57	\$184	57	\$289
58	\$244	58	\$560	58	\$192	58	\$301
59	\$254	59	\$583	59	\$201	59	\$314
60	\$265	60	\$607	60	\$208	60	\$326
61	\$281	61	\$645	61	\$221	61	\$347
62	\$299	62	\$685	62	\$235	62	\$367
63	\$317	63	\$727	63	\$250	63	\$390
64	\$337	64	\$772	64	\$265	64	\$414
65+	\$358	65+	\$819	65+	\$281	65+	\$440

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 2
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$232	0	\$498	0	\$669	0	\$277
1	\$105	1	\$225	1	\$302	1	\$125
2	\$69	2	\$147	2	\$197	2	\$82
3	\$63	3	\$136	3	\$183	3	\$75
4	\$59	4	\$125	4	\$169	4	\$70
5	\$55	5	\$117	5	\$156	5	\$64
6	\$51	6	\$109	6	\$146	6	\$61
7	\$48	7	\$104	7	\$140	7	\$58
8	\$47	8	\$101	8	\$136	8	\$57
9	\$47	9	\$101	9	\$136	9	\$56
10	\$48	10	\$104	10	\$140	10	\$58
11	\$50	11	\$108	11	\$145	11	\$60
12	\$53	12	\$114	12	\$154	12	\$63
13	\$56	13	\$119	13	\$160	13	\$66
14	\$59	14	\$128	14	\$171	14	\$71
15	\$63	15	\$135	15	\$182	15	\$75
16	\$68	16	\$144	16	\$194	16	\$80
17	\$71	17	\$153	17	\$205	17	\$85
18	\$73	18	\$156	18	\$210	18	\$87
19	\$74	19	\$159	19	\$214	19	\$88
20	\$72	20	\$156	20	\$209	20	\$86
21	\$71	21	\$152	21	\$203	21	\$84
22	\$66	22	\$143	22	\$193	22	\$80
23	\$68	23	\$145	23	\$195	23	\$81
24	\$70	24	\$148	24	\$199	24	\$83
25	\$72	25	\$154	25	\$206	25	\$85
26	\$74	26	\$159	26	\$214	26	\$88
27	\$77	27	\$166	27	\$222	27	\$92
28	\$81	28	\$172	28	\$231	28	\$96
29	\$83	29	\$178	29	\$239	29	\$99
30	\$85	30	\$183	30	\$246	30	\$101
31	\$87	31	\$186	31	\$251	31	\$104
32	\$88	32	\$190	32	\$255	32	\$105
33	\$89	33	\$192	33	\$257	33	\$106
34	\$89	34	\$193	34	\$259	34	\$107
35	\$90	35	\$195	35	\$262	35	\$108
36	\$92	36	\$197	36	\$265	36	\$109
37	\$94	37	\$201	37	\$270	37	\$111
38	\$96	38	\$206	38	\$277	38	\$114
39	\$99	39	\$211	39	\$284	39	\$118
40	\$101	40	\$219	40	\$294	40	\$121
41	\$106	41	\$226	41	\$304	41	\$125
42	\$109	42	\$233	42	\$314	42	\$130
43	\$112	43	\$241	43	\$324	43	\$134
44	\$116	44	\$249	44	\$334	44	\$138
45	\$119	45	\$256	45	\$344	45	\$142
46	\$123	46	\$264	46	\$355	46	\$147
47	\$126	47	\$273	47	\$366	47	\$152
48	\$131	48	\$281	48	\$377	48	\$156
49	\$135	49	\$289	49	\$389	49	\$160
50	\$138	50	\$298	50	\$400	50	\$166
51	\$143	51	\$306	51	\$412	51	\$170
52	\$147	52	\$315	52	\$424	52	\$175
53	\$152	53	\$325	53	\$437	53	\$181
54	\$157	54	\$337	54	\$452	54	\$187
55	\$164	55	\$350	55	\$471	55	\$194
56	\$170	56	\$365	56	\$491	56	\$203
57	\$178	57	\$380	57	\$511	57	\$211
58	\$184	58	\$397	58	\$533	58	\$220
59	\$193	59	\$413	59	\$556	59	\$230
60	\$201	60	\$431	60	\$579	60	\$239
61	\$213	61	\$457	61	\$614	61	\$254
62	\$226	62	\$485	62	\$652	62	\$269
63	\$240	63	\$514	63	\$692	63	\$286
64	\$254	64	\$546	64	\$735	64	\$303
65+	\$270	65+	\$580	65+	\$779	65+	\$322

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 3
CP Base Rates**

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$491	0	\$434	0	\$349	0	\$322
1	\$221	1	\$196	1	\$158	1	\$145
2	\$145	2	\$128	2	\$102	2	\$95
3	\$134	3	\$119	3	\$96	3	\$88
4	\$123	4	\$109	4	\$88	4	\$81
5	\$114	5	\$101	5	\$82	5	\$75
6	\$108	6	\$95	6	\$76	6	\$70
7	\$102	7	\$90	7	\$73	7	\$66
8	\$99	8	\$88	8	\$71	8	\$65
9	\$99	9	\$88	9	\$71	9	\$65
10	\$101	10	\$90	10	\$73	10	\$66
11	\$107	11	\$94	11	\$76	11	\$70
12	\$113	12	\$100	12	\$81	12	\$74
13	\$118	13	\$104	13	\$84	13	\$76
14	\$125	14	\$111	14	\$89	14	\$82
15	\$134	15	\$119	15	\$95	15	\$87
16	\$142	16	\$125	16	\$101	16	\$93
17	\$150	17	\$133	17	\$107	17	\$98
18	\$154	18	\$136	18	\$109	18	\$100
19	\$157	19	\$138	19	\$111	19	\$102
20	\$154	20	\$135	20	\$109	20	\$100
21	\$149	21	\$132	21	\$106	21	\$97
22	\$141	22	\$124	22	\$100	22	\$93
23	\$143	23	\$126	23	\$101	23	\$94
24	\$146	24	\$130	24	\$105	24	\$96
25	\$152	25	\$134	25	\$108	25	\$99
26	\$157	26	\$138	26	\$111	26	\$102
27	\$164	27	\$144	27	\$117	27	\$107
28	\$170	28	\$150	28	\$121	28	\$111
29	\$175	29	\$155	29	\$124	29	\$114
30	\$180	30	\$159	30	\$129	30	\$118
31	\$184	31	\$162	31	\$131	31	\$120
32	\$186	32	\$165	32	\$133	32	\$122
33	\$189	33	\$167	33	\$134	33	\$123
34	\$190	34	\$168	34	\$135	34	\$124
35	\$192	35	\$170	35	\$136	35	\$125
36	\$194	36	\$172	36	\$138	36	\$128
37	\$198	37	\$175	37	\$141	37	\$130
38	\$203	38	\$180	38	\$144	38	\$133
39	\$209	39	\$185	39	\$148	39	\$136
40	\$216	40	\$191	40	\$154	40	\$141
41	\$222	41	\$197	41	\$158	41	\$146
42	\$230	42	\$204	42	\$164	42	\$150
43	\$238	43	\$210	43	\$169	43	\$155
44	\$245	44	\$217	44	\$174	44	\$160
45	\$253	45	\$223	45	\$180	45	\$166
46	\$261	46	\$230	46	\$185	46	\$170
47	\$268	47	\$238	47	\$191	47	\$175
48	\$277	48	\$245	48	\$197	48	\$181
49	\$286	49	\$252	49	\$203	49	\$186
50	\$293	50	\$259	50	\$209	50	\$192
51	\$302	51	\$267	51	\$215	51	\$197
52	\$311	52	\$275	52	\$221	52	\$204
53	\$320	53	\$283	53	\$228	53	\$209
54	\$332	54	\$293	54	\$237	54	\$217
55	\$346	55	\$305	55	\$245	55	\$226
56	\$360	56	\$318	56	\$256	56	\$235
57	\$375	57	\$331	57	\$267	57	\$245
58	\$391	58	\$346	58	\$278	58	\$256
59	\$408	59	\$361	59	\$290	59	\$267
60	\$424	60	\$375	60	\$302	60	\$278
61	\$450	61	\$398	61	\$320	61	\$294
62	\$479	62	\$423	62	\$340	62	\$313
63	\$508	63	\$449	63	\$361	63	\$332
64	\$538	64	\$476	64	\$384	64	\$352
65+	\$572	65+	\$506	65+	\$407	65+	\$374

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 3
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$266	0	\$609	0	\$209	0	\$327
1	\$120	1	\$275	1	\$95	1	\$148
2	\$78	2	\$180	2	\$62	2	\$96
3	\$73	3	\$167	3	\$58	3	\$89
4	\$66	4	\$154	4	\$52	4	\$83
5	\$62	5	\$143	5	\$49	5	\$76
6	\$58	6	\$133	6	\$46	6	\$72
7	\$56	7	\$128	7	\$44	7	\$69
8	\$55	8	\$124	8	\$43	8	\$66
9	\$53	9	\$123	9	\$43	9	\$66
10	\$56	10	\$126	10	\$44	10	\$68
11	\$58	11	\$132	11	\$46	11	\$71
12	\$61	12	\$141	12	\$48	12	\$75
13	\$63	13	\$146	13	\$50	13	\$78
14	\$68	14	\$156	14	\$53	14	\$84
15	\$72	15	\$166	15	\$57	15	\$89
16	\$77	16	\$177	16	\$61	16	\$95
17	\$82	17	\$186	17	\$64	17	\$100
18	\$83	18	\$191	18	\$65	18	\$102
19	\$85	19	\$195	19	\$66	19	\$105
20	\$83	20	\$191	20	\$65	20	\$102
21	\$81	21	\$185	21	\$63	21	\$99
22	\$76	22	\$175	22	\$60	22	\$94
23	\$77	23	\$178	23	\$61	23	\$96
24	\$80	24	\$182	24	\$62	24	\$98
25	\$82	25	\$187	25	\$64	25	\$100
26	\$85	26	\$195	26	\$66	26	\$105
27	\$88	27	\$203	27	\$70	27	\$109
28	\$92	28	\$210	28	\$72	28	\$113
29	\$95	29	\$218	29	\$75	29	\$117
30	\$98	30	\$223	30	\$77	30	\$120
31	\$99	31	\$229	31	\$78	31	\$123
32	\$101	32	\$232	32	\$80	32	\$124
33	\$102	33	\$234	33	\$81	33	\$125
34	\$102	34	\$237	34	\$81	34	\$126
35	\$104	35	\$239	35	\$82	35	\$128
36	\$106	36	\$242	36	\$83	36	\$130
37	\$107	37	\$246	37	\$85	37	\$132
38	\$110	38	\$252	38	\$86	38	\$135
39	\$113	39	\$259	39	\$89	39	\$140
40	\$117	40	\$268	40	\$92	40	\$144
41	\$121	41	\$277	41	\$95	41	\$148
42	\$124	42	\$286	42	\$98	42	\$154
43	\$129	43	\$294	43	\$101	43	\$158
44	\$133	44	\$304	44	\$105	44	\$164
45	\$136	45	\$314	45	\$108	45	\$169
46	\$141	46	\$324	46	\$111	46	\$173
47	\$145	47	\$334	47	\$114	47	\$179
48	\$150	48	\$343	48	\$118	48	\$184
49	\$155	49	\$354	49	\$122	49	\$190
50	\$159	50	\$364	50	\$125	50	\$196
51	\$164	51	\$375	51	\$129	51	\$202
52	\$168	52	\$386	52	\$133	52	\$207
53	\$173	53	\$398	53	\$137	53	\$214
54	\$180	54	\$412	54	\$142	54	\$221
55	\$187	55	\$429	55	\$147	55	\$230
56	\$195	56	\$447	56	\$154	56	\$240
57	\$203	57	\$465	57	\$160	57	\$250
58	\$211	58	\$485	58	\$167	58	\$261
59	\$220	59	\$506	59	\$173	59	\$271
60	\$230	60	\$526	60	\$181	60	\$283
61	\$244	61	\$559	61	\$192	61	\$301
62	\$259	62	\$594	62	\$204	62	\$319
63	\$275	63	\$630	63	\$217	63	\$339
64	\$292	64	\$669	64	\$230	64	\$360
65+	\$310	65+	\$711	65+	\$244	65+	\$382

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 3
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$201	0	\$432	0	\$580	0	\$240
1	\$90	1	\$195	1	\$262	1	\$108
2	\$59	2	\$128	2	\$171	2	\$71
3	\$55	3	\$118	3	\$159	3	\$65
4	\$50	4	\$109	4	\$146	4	\$60
5	\$47	5	\$100	5	\$135	5	\$56
6	\$44	6	\$95	6	\$128	6	\$52
7	\$43	7	\$90	7	\$121	7	\$50
8	\$40	8	\$87	8	\$118	8	\$49
9	\$40	9	\$87	9	\$118	9	\$49
10	\$41	10	\$89	10	\$121	10	\$50
11	\$44	11	\$94	11	\$126	11	\$52
12	\$46	12	\$99	12	\$133	12	\$56
13	\$48	13	\$104	13	\$138	13	\$58
14	\$51	14	\$110	14	\$148	14	\$61
15	\$55	15	\$118	15	\$158	15	\$65
16	\$58	16	\$125	16	\$168	16	\$70
17	\$61	17	\$132	17	\$178	17	\$73
18	\$63	18	\$135	18	\$182	18	\$75
19	\$64	19	\$138	19	\$185	19	\$76
20	\$63	20	\$135	20	\$181	20	\$75
21	\$61	21	\$131	21	\$177	21	\$73
22	\$58	22	\$124	22	\$167	22	\$69
23	\$59	23	\$126	23	\$169	23	\$70
24	\$60	24	\$129	24	\$173	24	\$72
25	\$62	25	\$133	25	\$179	25	\$74
26	\$64	26	\$138	26	\$185	26	\$76
27	\$66	27	\$144	27	\$193	27	\$80
28	\$70	28	\$149	28	\$201	28	\$83
29	\$72	29	\$155	29	\$207	29	\$86
30	\$74	30	\$158	30	\$214	30	\$88
31	\$75	31	\$161	31	\$218	31	\$89
32	\$76	32	\$165	32	\$221	32	\$92
33	\$77	33	\$166	33	\$223	33	\$92
34	\$77	34	\$167	34	\$225	34	\$93
35	\$78	35	\$169	35	\$227	35	\$94
36	\$80	36	\$171	36	\$230	36	\$95
37	\$81	37	\$174	37	\$234	37	\$97
38	\$83	38	\$179	38	\$240	38	\$99
39	\$86	39	\$184	39	\$247	39	\$102
40	\$88	40	\$190	40	\$255	40	\$106
41	\$92	41	\$196	41	\$264	41	\$109
42	\$94	42	\$203	42	\$271	42	\$112
43	\$97	43	\$208	43	\$280	43	\$116
44	\$100	44	\$216	44	\$290	44	\$120
45	\$104	45	\$222	45	\$299	45	\$123
46	\$107	46	\$229	46	\$308	46	\$128
47	\$110	47	\$237	47	\$317	47	\$131
48	\$113	48	\$243	48	\$327	48	\$135
49	\$117	49	\$251	49	\$337	49	\$140
50	\$120	50	\$258	50	\$347	50	\$143
51	\$123	51	\$266	51	\$358	51	\$147
52	\$128	52	\$274	52	\$367	52	\$152
53	\$132	53	\$282	53	\$379	53	\$157
54	\$136	54	\$292	54	\$392	54	\$162
55	\$142	55	\$304	55	\$409	55	\$169
56	\$147	56	\$316	56	\$425	56	\$175
57	\$154	57	\$330	57	\$444	57	\$183
58	\$160	58	\$343	58	\$462	58	\$191
59	\$167	59	\$359	59	\$482	59	\$199
60	\$173	60	\$373	60	\$501	60	\$207
61	\$184	61	\$396	61	\$533	61	\$220
62	\$196	62	\$421	62	\$566	62	\$233
63	\$208	63	\$447	63	\$601	63	\$247
64	\$220	64	\$474	64	\$637	64	\$263
65+	\$234	65+	\$502	65+	\$676	65+	\$279

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 4
CP Base Rates

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$597	0	\$529	0	\$425	0	\$391
1	\$269	1	\$239	1	\$192	1	\$177
2	\$175	2	\$156	2	\$125	2	\$116
3	\$164	3	\$145	3	\$117	3	\$107
4	\$150	4	\$133	4	\$107	4	\$98
5	\$140	5	\$123	5	\$99	5	\$92
6	\$131	6	\$116	6	\$93	6	\$85
7	\$124	7	\$110	7	\$88	7	\$82
8	\$121	8	\$108	8	\$86	8	\$80
9	\$121	9	\$107	9	\$86	9	\$80
10	\$124	10	\$110	10	\$88	10	\$81
11	\$130	11	\$114	11	\$93	11	\$85
12	\$137	12	\$122	12	\$98	12	\$89
13	\$143	13	\$126	13	\$101	13	\$94
14	\$153	14	\$135	14	\$109	14	\$100
15	\$162	15	\$144	15	\$116	15	\$107
16	\$173	16	\$153	16	\$123	16	\$113
17	\$183	17	\$161	17	\$130	17	\$120
18	\$187	18	\$166	18	\$133	18	\$122
19	\$191	19	\$169	19	\$136	19	\$125
20	\$186	20	\$165	20	\$133	20	\$122
21	\$181	21	\$160	21	\$129	21	\$119
22	\$172	22	\$152	22	\$122	22	\$112
23	\$174	23	\$154	23	\$124	23	\$114
24	\$179	24	\$158	24	\$126	24	\$117
25	\$184	25	\$162	25	\$131	25	\$120
26	\$191	26	\$169	26	\$136	26	\$125
27	\$198	27	\$175	27	\$142	27	\$130
28	\$206	28	\$183	28	\$147	28	\$135
29	\$214	29	\$189	29	\$152	29	\$140
30	\$219	30	\$194	30	\$156	30	\$144
31	\$223	31	\$198	31	\$159	31	\$146
32	\$227	32	\$201	32	\$161	32	\$148
33	\$230	33	\$203	33	\$164	33	\$150
34	\$231	34	\$205	34	\$165	34	\$152
35	\$233	35	\$207	35	\$167	35	\$153
36	\$237	36	\$209	36	\$169	36	\$155
37	\$241	37	\$214	37	\$171	37	\$158
38	\$247	38	\$218	38	\$175	38	\$161
39	\$254	39	\$225	39	\$181	39	\$167
40	\$263	40	\$232	40	\$186	40	\$171
41	\$271	41	\$240	41	\$193	41	\$178
42	\$280	42	\$247	42	\$199	42	\$183
43	\$289	43	\$255	43	\$206	43	\$189
44	\$298	44	\$264	44	\$213	44	\$195
45	\$307	45	\$271	45	\$219	45	\$201
46	\$317	46	\$280	46	\$226	46	\$207
47	\$327	47	\$289	47	\$232	47	\$214
48	\$337	48	\$298	48	\$240	48	\$220
49	\$347	49	\$307	49	\$247	49	\$227
50	\$358	50	\$316	50	\$254	50	\$233
51	\$367	51	\$325	51	\$262	51	\$241
52	\$378	52	\$335	52	\$269	52	\$247
53	\$390	53	\$346	53	\$278	53	\$255
54	\$404	54	\$358	54	\$288	54	\$265
55	\$421	55	\$372	55	\$299	55	\$275
56	\$438	56	\$387	56	\$312	56	\$287
57	\$457	57	\$403	57	\$325	57	\$299
58	\$476	58	\$421	58	\$339	58	\$312
59	\$496	59	\$439	59	\$353	59	\$325
60	\$517	60	\$457	60	\$367	60	\$338
61	\$548	61	\$485	61	\$390	61	\$359
62	\$582	62	\$514	62	\$414	62	\$380
63	\$618	63	\$546	63	\$439	63	\$404
64	\$655	64	\$580	64	\$467	64	\$429
65+	\$697	65+	\$616	65+	\$495	65+	\$456

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 4
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$324	0	\$742	0	\$255	0	\$399
1	\$146	1	\$335	1	\$116	1	\$180
2	\$95	2	\$219	2	\$75	2	\$118
3	\$88	3	\$203	3	\$70	3	\$109
4	\$82	4	\$186	4	\$64	4	\$100
5	\$75	5	\$173	5	\$60	5	\$93
6	\$71	6	\$162	6	\$56	6	\$87
7	\$68	7	\$155	7	\$53	7	\$83
8	\$65	8	\$150	8	\$52	8	\$81
9	\$65	9	\$150	9	\$51	9	\$81
10	\$68	10	\$154	10	\$53	10	\$83
11	\$70	11	\$161	11	\$56	11	\$86
12	\$74	12	\$171	12	\$59	12	\$92
13	\$77	13	\$178	13	\$61	13	\$95
14	\$83	14	\$190	14	\$65	14	\$101
15	\$88	15	\$203	15	\$70	15	\$109
16	\$94	16	\$215	16	\$74	16	\$116
17	\$99	17	\$227	17	\$77	17	\$122
18	\$101	18	\$233	18	\$80	18	\$125
19	\$104	19	\$238	19	\$82	19	\$128
20	\$101	20	\$232	20	\$80	20	\$124
21	\$98	21	\$226	21	\$77	21	\$121
22	\$93	22	\$214	22	\$73	22	\$114
23	\$95	23	\$217	23	\$74	23	\$117
24	\$97	24	\$221	24	\$76	24	\$119
25	\$99	25	\$229	25	\$78	25	\$123
26	\$104	26	\$238	26	\$82	26	\$128
27	\$108	27	\$246	27	\$85	27	\$133
28	\$112	28	\$256	28	\$88	28	\$137
29	\$116	29	\$265	29	\$92	29	\$143
30	\$119	30	\$273	30	\$94	30	\$146
31	\$121	31	\$278	31	\$96	31	\$149
32	\$123	32	\$282	32	\$97	32	\$152
33	\$124	33	\$286	33	\$98	33	\$153
34	\$125	34	\$288	34	\$99	34	\$155
35	\$126	35	\$290	35	\$99	35	\$156
36	\$129	36	\$294	36	\$101	36	\$158
37	\$131	37	\$300	37	\$102	37	\$161
38	\$134	38	\$306	38	\$106	38	\$165
39	\$137	39	\$316	39	\$109	39	\$170
40	\$142	40	\$326	40	\$112	40	\$175
41	\$147	41	\$337	41	\$116	41	\$181
42	\$152	42	\$348	42	\$120	42	\$186
43	\$157	43	\$359	43	\$123	43	\$193
44	\$161	44	\$371	44	\$128	44	\$198
45	\$167	45	\$382	45	\$131	45	\$205
46	\$172	46	\$393	46	\$135	46	\$211
47	\$177	47	\$407	47	\$140	47	\$218
48	\$182	48	\$419	48	\$144	48	\$225
49	\$187	49	\$431	49	\$148	49	\$231
50	\$193	50	\$444	50	\$153	50	\$239
51	\$199	51	\$457	51	\$157	51	\$245
52	\$205	52	\$470	52	\$161	52	\$253
53	\$211	53	\$485	53	\$167	53	\$261
54	\$219	54	\$502	54	\$172	54	\$269
55	\$228	55	\$522	55	\$180	55	\$280
56	\$238	56	\$544	56	\$186	56	\$292
57	\$247	57	\$567	57	\$195	57	\$304
58	\$257	58	\$591	58	\$203	58	\$317
59	\$268	59	\$616	59	\$211	59	\$331
60	\$280	60	\$641	60	\$220	60	\$344
61	\$296	61	\$681	61	\$234	61	\$365
62	\$315	62	\$723	62	\$249	62	\$388
63	\$335	63	\$767	63	\$264	63	\$412
64	\$355	64	\$814	64	\$280	64	\$437
65+	\$377	65+	\$864	65+	\$296	65+	\$464

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011

Area 4

CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$245	0	\$525	0	\$706	0	\$292
1	\$110	1	\$238	1	\$319	1	\$132
2	\$72	2	\$155	2	\$208	2	\$86
3	\$66	3	\$144	3	\$193	3	\$80
4	\$62	4	\$132	4	\$178	4	\$73
5	\$57	5	\$123	5	\$165	5	\$68
6	\$53	6	\$116	6	\$155	6	\$64
7	\$51	7	\$110	7	\$147	7	\$61
8	\$50	8	\$107	8	\$144	8	\$59
9	\$50	9	\$107	9	\$143	9	\$59
10	\$51	10	\$109	10	\$147	10	\$61
11	\$53	11	\$114	11	\$154	11	\$63
12	\$57	12	\$121	12	\$162	12	\$68
13	\$59	13	\$125	13	\$169	13	\$70
14	\$62	14	\$134	14	\$181	14	\$74
15	\$66	15	\$143	15	\$193	15	\$80
16	\$71	16	\$153	16	\$205	16	\$85
17	\$75	17	\$160	17	\$216	17	\$89
18	\$76	18	\$165	18	\$221	18	\$92
19	\$78	19	\$168	19	\$226	19	\$94
20	\$76	20	\$165	20	\$220	20	\$92
21	\$74	21	\$159	21	\$215	21	\$88
22	\$71	22	\$152	22	\$203	22	\$84
23	\$72	23	\$154	23	\$206	23	\$85
24	\$73	24	\$157	24	\$210	24	\$87
25	\$75	25	\$161	25	\$218	25	\$89
26	\$78	26	\$168	26	\$226	26	\$94
27	\$82	27	\$174	27	\$235	27	\$97
28	\$85	28	\$182	28	\$244	28	\$100
29	\$87	29	\$187	29	\$253	29	\$105
30	\$89	30	\$193	30	\$259	30	\$107
31	\$92	31	\$197	31	\$265	31	\$109
32	\$93	32	\$199	32	\$269	32	\$111
33	\$94	33	\$202	33	\$271	33	\$112
34	\$95	34	\$204	34	\$274	34	\$113
35	\$96	35	\$206	35	\$276	35	\$114
36	\$97	36	\$208	36	\$280	36	\$116
37	\$99	37	\$213	37	\$286	37	\$118
38	\$101	38	\$217	38	\$292	38	\$121
39	\$105	39	\$223	39	\$301	39	\$124
40	\$108	40	\$231	40	\$311	40	\$129
41	\$111	41	\$239	41	\$320	41	\$132
42	\$114	42	\$246	42	\$331	42	\$136
43	\$119	43	\$254	43	\$341	43	\$141
44	\$122	44	\$262	44	\$352	44	\$146
45	\$126	45	\$270	45	\$363	45	\$150
46	\$130	46	\$279	46	\$375	46	\$155
47	\$134	47	\$288	47	\$387	47	\$159
48	\$138	48	\$296	48	\$399	48	\$165
49	\$142	49	\$305	49	\$411	49	\$169
50	\$146	50	\$314	50	\$422	50	\$174
51	\$150	51	\$324	51	\$435	51	\$180
52	\$155	52	\$332	52	\$447	52	\$185
53	\$160	53	\$343	53	\$462	53	\$191
54	\$166	54	\$355	54	\$479	54	\$197
55	\$172	55	\$370	55	\$497	55	\$205
56	\$180	56	\$385	56	\$518	56	\$214
57	\$187	57	\$401	57	\$540	57	\$223
58	\$195	58	\$419	58	\$562	58	\$232
59	\$203	59	\$436	59	\$586	59	\$242
60	\$211	60	\$455	60	\$610	60	\$252
61	\$225	61	\$482	61	\$649	61	\$268
62	\$239	62	\$512	62	\$689	62	\$284
63	\$253	63	\$544	63	\$730	63	\$302
64	\$268	64	\$577	64	\$775	64	\$320
65+	\$286	65+	\$613	65+	\$823	65+	\$340

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 5
CP Base Rates**

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$655	0	\$580	0	\$467	0	\$429
1	\$296	1	\$262	1	\$210	1	\$194
2	\$193	2	\$171	2	\$137	2	\$126
3	\$179	3	\$159	3	\$128	3	\$118
4	\$165	4	\$146	4	\$118	4	\$108
5	\$153	5	\$135	5	\$109	5	\$100
6	\$144	6	\$126	6	\$102	6	\$94
7	\$137	7	\$121	7	\$97	7	\$89
8	\$133	8	\$118	8	\$95	8	\$87
9	\$133	9	\$118	9	\$95	9	\$87
10	\$136	10	\$120	10	\$97	10	\$89
11	\$143	11	\$125	11	\$101	11	\$93
12	\$150	12	\$133	12	\$107	12	\$99
13	\$157	13	\$138	13	\$111	13	\$102
14	\$168	14	\$148	14	\$119	14	\$110
15	\$179	15	\$158	15	\$128	15	\$117
16	\$190	16	\$168	16	\$135	16	\$124
17	\$201	17	\$178	17	\$143	17	\$131
18	\$206	18	\$182	18	\$146	18	\$134
19	\$209	19	\$185	19	\$149	19	\$137
20	\$205	20	\$181	20	\$146	20	\$134
21	\$199	21	\$175	21	\$142	21	\$130
22	\$189	22	\$167	22	\$134	22	\$123
23	\$191	23	\$169	23	\$136	23	\$125
24	\$196	24	\$173	24	\$140	24	\$128
25	\$202	25	\$179	25	\$144	25	\$132
26	\$209	26	\$185	26	\$149	26	\$137
27	\$218	27	\$193	27	\$155	27	\$143
28	\$227	28	\$201	28	\$161	28	\$148
29	\$234	29	\$207	29	\$167	29	\$154
30	\$241	30	\$213	30	\$171	30	\$158
31	\$245	31	\$217	31	\$174	31	\$161
32	\$250	32	\$220	32	\$178	32	\$164
33	\$252	33	\$222	33	\$179	33	\$165
34	\$254	34	\$225	34	\$181	34	\$166
35	\$256	35	\$227	35	\$182	35	\$168
36	\$259	36	\$230	36	\$185	36	\$170
37	\$265	37	\$234	37	\$189	37	\$173
38	\$271	38	\$240	38	\$193	38	\$178
39	\$279	39	\$246	39	\$198	39	\$182
40	\$288	40	\$255	40	\$205	40	\$189
41	\$298	41	\$263	41	\$211	41	\$195
42	\$307	42	\$271	42	\$219	42	\$201
43	\$317	43	\$280	43	\$226	43	\$207
44	\$327	44	\$289	44	\$233	44	\$214
45	\$337	45	\$299	45	\$240	45	\$220
46	\$348	46	\$307	46	\$247	46	\$228
47	\$359	47	\$317	47	\$255	47	\$234
48	\$370	48	\$327	48	\$263	48	\$242
49	\$380	49	\$337	49	\$271	49	\$250
50	\$392	50	\$347	50	\$279	50	\$256
51	\$403	51	\$356	51	\$287	51	\$264
52	\$415	52	\$367	52	\$295	52	\$271
53	\$428	53	\$379	53	\$305	53	\$280
54	\$444	54	\$392	54	\$316	54	\$290
55	\$461	55	\$408	55	\$328	55	\$302
56	\$481	56	\$425	56	\$342	56	\$314
57	\$501	57	\$444	57	\$356	57	\$328
58	\$522	58	\$462	58	\$372	58	\$341
59	\$544	59	\$482	59	\$387	59	\$356
60	\$567	60	\$501	60	\$403	60	\$371
61	\$602	61	\$532	61	\$428	61	\$393
62	\$639	62	\$565	62	\$455	62	\$417
63	\$678	63	\$600	63	\$483	63	\$444
64	\$719	64	\$637	64	\$512	64	\$471
65+	\$764	65+	\$676	65+	\$544	65+	\$500

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 5
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$355	0	\$814	0	\$280	0	\$437
1	\$160	1	\$367	1	\$126	1	\$197
2	\$105	2	\$240	2	\$83	2	\$129
3	\$97	3	\$222	3	\$76	3	\$120
4	\$89	4	\$205	4	\$71	4	\$110
5	\$83	5	\$190	5	\$65	5	\$102
6	\$77	6	\$179	6	\$61	6	\$96
7	\$74	7	\$170	7	\$59	7	\$92
8	\$72	8	\$166	8	\$57	8	\$89
9	\$72	9	\$166	9	\$57	9	\$88
10	\$74	10	\$169	10	\$58	10	\$90
11	\$77	11	\$177	11	\$61	11	\$95
12	\$82	12	\$187	12	\$64	12	\$100
13	\$85	13	\$194	13	\$66	13	\$105
14	\$90	14	\$208	14	\$72	14	\$111
15	\$97	15	\$222	15	\$76	15	\$119
16	\$102	16	\$235	16	\$81	16	\$126
17	\$109	17	\$249	17	\$85	17	\$134
18	\$111	18	\$255	18	\$87	18	\$137
19	\$113	19	\$261	19	\$89	19	\$140
20	\$111	20	\$254	20	\$87	20	\$136
21	\$108	21	\$247	21	\$85	21	\$133
22	\$102	22	\$234	22	\$81	22	\$125
23	\$104	23	\$238	23	\$82	23	\$128
24	\$106	24	\$243	24	\$84	24	\$131
25	\$109	25	\$251	25	\$86	25	\$135
26	\$113	26	\$261	26	\$89	26	\$140
27	\$118	27	\$270	27	\$93	27	\$145
28	\$123	28	\$281	28	\$97	28	\$152
29	\$126	29	\$291	29	\$100	29	\$156
30	\$131	30	\$299	30	\$102	30	\$160
31	\$133	31	\$305	31	\$105	31	\$164
32	\$135	32	\$310	32	\$107	32	\$167
33	\$136	33	\$313	33	\$108	33	\$168
34	\$137	34	\$315	34	\$108	34	\$169
35	\$138	35	\$318	35	\$109	35	\$171
36	\$141	36	\$323	36	\$111	36	\$173
37	\$143	37	\$329	37	\$113	37	\$177
38	\$147	38	\$337	38	\$116	38	\$181
39	\$152	39	\$347	39	\$119	39	\$186
40	\$156	40	\$358	40	\$123	40	\$192
41	\$161	41	\$370	41	\$126	41	\$198
42	\$167	42	\$382	42	\$131	42	\$205
43	\$172	43	\$393	43	\$135	43	\$211
44	\$177	44	\$407	44	\$140	44	\$218
45	\$183	45	\$419	45	\$144	45	\$225
46	\$189	46	\$432	46	\$148	46	\$232
47	\$194	47	\$446	47	\$153	47	\$240
48	\$201	48	\$459	48	\$158	48	\$246
49	\$206	49	\$473	49	\$162	49	\$254
50	\$213	50	\$487	50	\$167	50	\$262
51	\$218	51	\$501	51	\$172	51	\$269
52	\$225	52	\$516	52	\$178	52	\$277
53	\$232	53	\$532	53	\$183	53	\$286
54	\$240	54	\$550	54	\$190	54	\$295
55	\$250	55	\$573	55	\$197	55	\$307
56	\$261	56	\$597	56	\$205	56	\$320
57	\$271	57	\$622	57	\$214	57	\$335
58	\$282	58	\$649	58	\$222	58	\$349
59	\$294	59	\$676	59	\$232	59	\$363
60	\$307	60	\$704	60	\$242	60	\$378
61	\$326	61	\$747	61	\$256	61	\$401
62	\$346	62	\$794	62	\$273	62	\$426
63	\$367	63	\$843	63	\$289	63	\$452
64	\$389	64	\$894	64	\$307	64	\$480
65+	\$414	65+	\$948	65+	\$326	65+	\$509

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 5
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$268	0	\$577	0	\$775	0	\$320
1	\$121	1	\$261	1	\$350	1	\$145
2	\$80	2	\$170	2	\$229	2	\$95
3	\$73	3	\$158	3	\$213	3	\$87
4	\$68	4	\$145	4	\$195	4	\$81
5	\$63	5	\$135	5	\$181	5	\$75
6	\$59	6	\$126	6	\$170	6	\$70
7	\$56	7	\$120	7	\$161	7	\$66
8	\$55	8	\$118	8	\$158	8	\$65
9	\$55	9	\$117	9	\$157	9	\$65
10	\$56	10	\$120	10	\$161	10	\$66
11	\$58	11	\$125	11	\$168	11	\$70
12	\$62	12	\$133	12	\$179	12	\$74
13	\$64	13	\$137	13	\$185	13	\$76
14	\$69	14	\$147	14	\$198	14	\$82
15	\$73	15	\$157	15	\$211	15	\$87
16	\$77	16	\$167	16	\$225	16	\$93
17	\$82	17	\$177	17	\$237	17	\$98
18	\$84	18	\$181	18	\$243	18	\$100
19	\$86	19	\$184	19	\$249	19	\$102
20	\$84	20	\$180	20	\$242	20	\$100
21	\$82	21	\$175	21	\$235	21	\$97
22	\$77	22	\$166	22	\$222	22	\$92
23	\$78	23	\$168	23	\$227	23	\$94
24	\$81	24	\$172	24	\$231	24	\$96
25	\$83	25	\$178	25	\$239	25	\$98
26	\$86	26	\$184	26	\$247	26	\$102
27	\$89	27	\$192	27	\$258	27	\$107
28	\$93	28	\$199	28	\$268	28	\$111
29	\$96	29	\$206	29	\$277	29	\$114
30	\$99	30	\$211	30	\$284	30	\$118
31	\$100	31	\$216	31	\$291	31	\$120
32	\$102	32	\$219	32	\$295	32	\$122
33	\$104	33	\$221	33	\$298	33	\$123
34	\$105	34	\$223	34	\$301	34	\$124
35	\$105	35	\$226	35	\$303	35	\$125
36	\$107	36	\$229	36	\$307	36	\$126
37	\$108	37	\$233	37	\$313	37	\$130
38	\$111	38	\$239	38	\$320	38	\$132
39	\$114	39	\$245	39	\$330	39	\$136
40	\$118	40	\$253	40	\$340	40	\$141
41	\$122	41	\$262	41	\$352	41	\$145
42	\$125	42	\$270	42	\$363	42	\$150
43	\$130	43	\$279	43	\$375	43	\$155
44	\$134	44	\$288	44	\$387	44	\$160
45	\$138	45	\$296	45	\$399	45	\$165
46	\$143	46	\$306	46	\$411	46	\$170
47	\$147	47	\$316	47	\$424	47	\$175
48	\$152	48	\$325	48	\$437	48	\$181
49	\$156	49	\$335	49	\$450	49	\$186
50	\$160	50	\$344	50	\$463	50	\$192
51	\$166	51	\$354	51	\$477	51	\$197
52	\$170	52	\$365	52	\$491	52	\$203
53	\$175	53	\$377	53	\$507	53	\$209
54	\$182	54	\$390	54	\$524	54	\$217
55	\$189	55	\$405	55	\$546	55	\$226
56	\$197	56	\$423	56	\$568	56	\$234
57	\$205	57	\$440	57	\$592	57	\$244
58	\$214	58	\$459	58	\$618	58	\$255
59	\$223	59	\$479	59	\$644	59	\$266
60	\$232	60	\$498	60	\$670	60	\$277
61	\$246	61	\$529	61	\$712	61	\$294
62	\$262	62	\$562	62	\$755	62	\$312
63	\$278	63	\$596	63	\$802	63	\$331
64	\$294	64	\$633	64	\$851	64	\$351
65+	\$313	65+	\$671	65+	\$904	65+	\$373

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 6
CP Base Rates

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$703	0	\$622	0	\$500	0	\$460
1	\$317	1	\$281	1	\$226	1	\$208
2	\$207	2	\$183	2	\$147	2	\$135
3	\$193	3	\$170	3	\$137	3	\$125
4	\$177	4	\$157	4	\$126	4	\$116
5	\$165	5	\$145	5	\$117	5	\$108
6	\$154	6	\$136	6	\$110	6	\$100
7	\$147	7	\$130	7	\$105	7	\$96
8	\$143	8	\$126	8	\$101	8	\$94
9	\$143	9	\$126	9	\$101	9	\$94
10	\$146	10	\$130	10	\$104	10	\$96
11	\$153	11	\$135	11	\$109	11	\$100
12	\$161	12	\$143	12	\$116	12	\$106
13	\$168	13	\$148	13	\$120	13	\$110
14	\$180	14	\$159	14	\$128	14	\$118
15	\$192	15	\$170	15	\$136	15	\$125
16	\$204	16	\$180	16	\$145	16	\$133
17	\$215	17	\$191	17	\$153	17	\$141
18	\$220	18	\$195	18	\$157	18	\$144
19	\$225	19	\$199	19	\$160	19	\$147
20	\$220	20	\$194	20	\$156	20	\$144
21	\$214	21	\$189	21	\$152	21	\$140
22	\$203	22	\$179	22	\$144	22	\$132
23	\$205	23	\$182	23	\$146	23	\$134
24	\$210	24	\$185	24	\$149	24	\$137
25	\$217	25	\$192	25	\$154	25	\$142
26	\$225	26	\$198	26	\$160	26	\$147
27	\$234	27	\$207	27	\$167	27	\$153
28	\$243	28	\$215	28	\$173	28	\$159
29	\$252	29	\$222	29	\$179	29	\$165
30	\$258	30	\$229	30	\$184	30	\$169
31	\$264	31	\$233	31	\$187	31	\$172
32	\$267	32	\$237	32	\$191	32	\$175
33	\$270	33	\$239	33	\$192	33	\$177
34	\$273	34	\$241	34	\$194	34	\$179
35	\$275	35	\$243	35	\$196	35	\$180
36	\$279	36	\$246	36	\$198	36	\$182
37	\$284	37	\$251	37	\$202	37	\$185
38	\$291	38	\$257	38	\$207	38	\$191
39	\$300	39	\$265	39	\$213	39	\$196
40	\$308	40	\$274	40	\$220	40	\$202
41	\$319	41	\$282	41	\$227	41	\$209
42	\$329	42	\$292	42	\$234	42	\$216
43	\$340	43	\$301	43	\$242	43	\$222
44	\$351	44	\$311	44	\$250	44	\$230
45	\$362	45	\$320	45	\$257	45	\$237
46	\$373	46	\$330	46	\$266	46	\$244
47	\$385	47	\$340	47	\$274	47	\$252
48	\$397	48	\$351	48	\$282	48	\$259
49	\$409	49	\$362	49	\$291	49	\$267
50	\$421	50	\$372	50	\$300	50	\$275
51	\$433	51	\$383	51	\$308	51	\$283
52	\$446	52	\$395	52	\$317	52	\$291
53	\$460	53	\$407	53	\$327	53	\$301
54	\$476	54	\$421	54	\$339	54	\$312
55	\$495	55	\$438	55	\$352	55	\$324
56	\$516	56	\$457	56	\$367	56	\$338
57	\$537	57	\$475	57	\$383	57	\$352
58	\$560	58	\$496	58	\$399	58	\$366
59	\$584	59	\$517	59	\$415	59	\$383
60	\$608	60	\$537	60	\$433	60	\$398
61	\$645	61	\$571	61	\$459	61	\$422
62	\$686	62	\$606	62	\$487	62	\$448
63	\$728	63	\$644	63	\$518	63	\$476
64	\$772	64	\$683	64	\$549	64	\$505
65+	\$820	65+	\$725	65+	\$583	65+	\$536

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 6
CP Base Rates

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$382	0	\$874	0	\$300	0	\$469
1	\$172	1	\$395	1	\$135	1	\$211
2	\$112	2	\$257	2	\$88	2	\$138
3	\$105	3	\$239	3	\$82	3	\$129
4	\$96	4	\$220	4	\$75	4	\$118
5	\$89	5	\$204	5	\$70	5	\$109
6	\$84	6	\$191	6	\$65	6	\$102
7	\$80	7	\$182	7	\$62	7	\$98
8	\$77	8	\$178	8	\$61	8	\$95
9	\$77	9	\$178	9	\$61	9	\$95
10	\$80	10	\$181	10	\$62	10	\$97
11	\$83	11	\$190	11	\$65	11	\$101
12	\$87	12	\$201	12	\$69	12	\$108
13	\$90	13	\$208	13	\$72	13	\$112
14	\$97	14	\$223	14	\$76	14	\$120
15	\$104	15	\$238	15	\$82	15	\$128
16	\$110	16	\$253	16	\$87	16	\$136
17	\$117	17	\$267	17	\$92	17	\$144
18	\$120	18	\$274	18	\$94	18	\$147
19	\$122	19	\$279	19	\$96	19	\$150
20	\$119	20	\$273	20	\$94	20	\$146
21	\$116	21	\$265	21	\$92	21	\$143
22	\$109	22	\$251	22	\$86	22	\$135
23	\$111	23	\$255	23	\$87	23	\$137
24	\$113	24	\$261	24	\$89	24	\$140
25	\$118	25	\$269	25	\$93	25	\$145
26	\$122	26	\$279	26	\$96	26	\$150
27	\$126	27	\$291	27	\$100	27	\$156
28	\$132	28	\$302	28	\$104	28	\$162
29	\$136	29	\$312	29	\$107	29	\$168
30	\$140	30	\$320	30	\$110	30	\$172
31	\$143	31	\$328	31	\$112	31	\$175
32	\$145	32	\$332	32	\$114	32	\$179
33	\$146	33	\$336	33	\$116	33	\$180
34	\$147	34	\$339	34	\$117	34	\$182
35	\$149	35	\$342	35	\$118	35	\$183
36	\$152	36	\$347	36	\$119	36	\$186
37	\$154	37	\$353	37	\$121	37	\$190
38	\$158	38	\$361	38	\$124	38	\$194
39	\$162	39	\$372	39	\$128	39	\$199
40	\$168	40	\$384	40	\$132	40	\$206
41	\$173	41	\$397	41	\$136	41	\$213
42	\$179	42	\$410	42	\$141	42	\$220
43	\$184	43	\$423	43	\$145	43	\$227
44	\$190	44	\$436	44	\$149	44	\$234
45	\$196	45	\$449	45	\$155	45	\$241
46	\$202	46	\$463	46	\$159	46	\$249
47	\$208	47	\$479	47	\$165	47	\$257
48	\$215	48	\$493	48	\$169	48	\$265
49	\$221	49	\$508	49	\$174	49	\$273
50	\$228	50	\$522	50	\$180	50	\$280
51	\$234	51	\$537	51	\$184	51	\$289
52	\$241	52	\$554	52	\$190	52	\$298
53	\$249	53	\$571	53	\$196	53	\$306
54	\$257	54	\$591	54	\$203	54	\$317
55	\$268	55	\$615	55	\$211	55	\$330
56	\$279	56	\$641	56	\$220	56	\$344
57	\$291	57	\$667	57	\$229	57	\$359
58	\$303	58	\$697	58	\$239	58	\$374
59	\$316	59	\$726	59	\$250	59	\$389
60	\$329	60	\$755	60	\$259	60	\$405
61	\$350	61	\$802	61	\$276	61	\$431
62	\$372	62	\$851	62	\$292	62	\$457
63	\$395	63	\$904	63	\$311	63	\$485
64	\$419	64	\$959	64	\$329	64	\$514
65+	\$444	65+	\$1,018	65+	\$350	65+	\$547

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 6
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$288	0	\$619	0	\$832	0	\$343
1	\$130	1	\$279	1	\$376	1	\$155
2	\$85	2	\$182	2	\$245	2	\$101
3	\$78	3	\$169	3	\$228	3	\$94
4	\$73	4	\$156	4	\$209	4	\$86
5	\$68	5	\$145	5	\$194	5	\$81
6	\$63	6	\$135	6	\$182	6	\$75
7	\$60	7	\$129	7	\$173	7	\$72
8	\$59	8	\$125	8	\$169	8	\$70
9	\$59	9	\$125	9	\$169	9	\$70
10	\$60	10	\$129	10	\$172	10	\$71
11	\$62	11	\$134	11	\$181	11	\$74
12	\$66	12	\$143	12	\$192	12	\$78
13	\$69	13	\$148	13	\$198	13	\$82
14	\$74	14	\$158	14	\$213	14	\$87
15	\$78	15	\$169	15	\$227	15	\$94
16	\$84	16	\$179	16	\$241	16	\$99
17	\$88	17	\$190	17	\$254	17	\$105
18	\$90	18	\$194	18	\$261	18	\$108
19	\$93	19	\$198	19	\$266	19	\$110
20	\$90	20	\$193	20	\$259	20	\$107
21	\$87	21	\$187	21	\$253	21	\$105
22	\$83	22	\$178	22	\$239	22	\$99
23	\$84	23	\$181	23	\$243	23	\$100
24	\$86	24	\$184	24	\$249	24	\$102
25	\$88	25	\$191	25	\$256	25	\$106
26	\$93	26	\$197	26	\$266	26	\$110
27	\$96	27	\$206	27	\$277	27	\$114
28	\$99	28	\$214	28	\$288	28	\$119
29	\$104	29	\$221	29	\$298	29	\$123
30	\$106	30	\$227	30	\$305	30	\$126
31	\$108	31	\$232	31	\$312	31	\$129
32	\$110	32	\$235	32	\$316	32	\$131
33	\$111	33	\$238	33	\$319	33	\$132
34	\$111	34	\$240	34	\$323	34	\$133
35	\$112	35	\$242	35	\$326	35	\$134
36	\$114	36	\$245	36	\$329	36	\$136
37	\$117	37	\$250	37	\$336	37	\$138
38	\$119	38	\$256	38	\$344	38	\$142
39	\$123	39	\$264	39	\$354	39	\$146
40	\$126	40	\$271	40	\$365	40	\$150
41	\$131	41	\$281	41	\$377	41	\$156
42	\$135	42	\$290	42	\$390	42	\$161
43	\$140	43	\$300	43	\$402	43	\$166
44	\$144	44	\$308	44	\$415	44	\$171
45	\$148	45	\$318	45	\$428	45	\$177
46	\$153	46	\$328	46	\$441	46	\$182
47	\$158	47	\$339	47	\$456	47	\$187
48	\$162	48	\$349	48	\$469	48	\$194
49	\$168	49	\$360	49	\$483	49	\$199
50	\$172	50	\$370	50	\$497	50	\$205
51	\$178	51	\$380	51	\$511	51	\$211
52	\$182	52	\$392	52	\$526	52	\$218
53	\$189	53	\$404	53	\$544	53	\$225
54	\$195	54	\$419	54	\$562	54	\$232
55	\$203	55	\$436	55	\$585	55	\$242
56	\$211	56	\$453	56	\$609	56	\$252
57	\$220	57	\$473	57	\$635	57	\$263
58	\$230	58	\$493	58	\$663	58	\$274
59	\$240	59	\$513	59	\$691	59	\$286
60	\$250	60	\$535	60	\$719	60	\$296
61	\$265	61	\$568	61	\$763	61	\$315
62	\$281	62	\$603	62	\$811	62	\$335
63	\$299	63	\$640	63	\$860	63	\$355
64	\$316	64	\$679	64	\$913	64	\$377
65+	\$336	65+	\$720	65+	\$969	65+	\$400

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 7
CP Base Rates**

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$550	0	\$486	0	\$391	0	\$360
1	\$249	1	\$220	1	\$177	1	\$162
2	\$162	2	\$144	2	\$116	2	\$106
3	\$150	3	\$133	3	\$107	3	\$98
4	\$138	4	\$122	4	\$98	4	\$90
5	\$129	5	\$113	5	\$92	5	\$84
6	\$120	6	\$107	6	\$86	6	\$78
7	\$114	7	\$101	7	\$82	7	\$75
8	\$112	8	\$99	8	\$80	8	\$73
9	\$111	9	\$99	9	\$80	9	\$73
10	\$114	10	\$101	10	\$82	10	\$75
11	\$120	11	\$106	11	\$85	11	\$78
12	\$126	12	\$112	12	\$90	12	\$83
13	\$132	13	\$117	13	\$94	13	\$86
14	\$141	14	\$124	14	\$100	14	\$92
15	\$150	15	\$133	15	\$107	15	\$98
16	\$159	16	\$141	16	\$113	16	\$105
17	\$168	17	\$148	17	\$120	17	\$110
18	\$172	18	\$153	18	\$123	18	\$113
19	\$175	19	\$156	19	\$125	19	\$116
20	\$172	20	\$152	20	\$122	20	\$112
21	\$167	21	\$147	21	\$119	21	\$109
22	\$158	22	\$140	22	\$112	22	\$104
23	\$160	23	\$142	23	\$114	23	\$105
24	\$165	24	\$145	24	\$117	24	\$108
25	\$169	25	\$149	25	\$121	25	\$111
26	\$175	26	\$156	26	\$125	26	\$116
27	\$183	27	\$161	27	\$130	27	\$120
28	\$190	28	\$168	28	\$135	28	\$124
29	\$196	29	\$174	29	\$140	29	\$129
30	\$202	30	\$179	30	\$144	30	\$132
31	\$206	31	\$182	31	\$147	31	\$135
32	\$209	32	\$185	32	\$149	32	\$137
33	\$211	33	\$187	33	\$150	33	\$138
34	\$214	34	\$189	34	\$152	34	\$140
35	\$215	35	\$191	35	\$153	35	\$141
36	\$218	36	\$193	36	\$155	36	\$143
37	\$222	37	\$196	37	\$158	37	\$145
38	\$228	38	\$202	38	\$162	38	\$149
39	\$234	39	\$207	39	\$167	39	\$154
40	\$242	40	\$214	40	\$172	40	\$158
41	\$250	41	\$221	41	\$178	41	\$164
42	\$257	42	\$228	42	\$183	42	\$169
43	\$266	43	\$235	43	\$190	43	\$174
44	\$275	44	\$243	44	\$195	44	\$180
45	\$283	45	\$251	45	\$202	45	\$185
46	\$292	46	\$258	46	\$208	46	\$191
47	\$301	47	\$266	47	\$215	47	\$197
48	\$311	48	\$275	48	\$221	48	\$203
49	\$319	49	\$282	49	\$228	49	\$209
50	\$329	50	\$291	50	\$234	50	\$215
51	\$338	51	\$300	51	\$241	51	\$221
52	\$349	52	\$308	52	\$247	52	\$228
53	\$360	53	\$318	53	\$256	53	\$235
54	\$372	54	\$329	54	\$265	54	\$243
55	\$387	55	\$342	55	\$276	55	\$253
56	\$403	56	\$356	56	\$287	56	\$264
57	\$421	57	\$372	57	\$299	57	\$275
58	\$438	58	\$388	58	\$312	58	\$287
59	\$457	59	\$404	59	\$325	59	\$299
60	\$475	60	\$421	60	\$338	60	\$311
61	\$505	61	\$447	61	\$360	61	\$330
62	\$536	62	\$474	62	\$382	62	\$351
63	\$569	63	\$504	63	\$404	63	\$373
64	\$604	64	\$534	64	\$429	64	\$395
65+	\$641	65+	\$567	65+	\$456	65+	\$420

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 7
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$298	0	\$683	0	\$234	0	\$367
1	\$134	1	\$308	1	\$106	1	\$166
2	\$88	2	\$202	2	\$69	2	\$108
3	\$82	3	\$186	3	\$64	3	\$100
4	\$75	4	\$172	4	\$59	4	\$93
5	\$70	5	\$159	5	\$55	5	\$86
6	\$65	6	\$149	6	\$51	6	\$81
7	\$62	7	\$143	7	\$49	7	\$76
8	\$61	8	\$138	8	\$48	8	\$74
9	\$60	9	\$138	9	\$48	9	\$74
10	\$62	10	\$142	10	\$49	10	\$76
11	\$64	11	\$148	11	\$51	11	\$80
12	\$69	12	\$157	12	\$55	12	\$84
13	\$71	13	\$164	13	\$56	13	\$87
14	\$76	14	\$174	14	\$60	14	\$94
15	\$81	15	\$186	15	\$64	15	\$100
16	\$86	16	\$198	16	\$68	16	\$106
17	\$92	17	\$209	17	\$72	17	\$112
18	\$94	18	\$215	18	\$74	18	\$116
19	\$95	19	\$219	19	\$75	19	\$118
20	\$93	20	\$214	20	\$73	20	\$114
21	\$90	21	\$207	21	\$71	21	\$111
22	\$86	22	\$196	22	\$68	22	\$106
23	\$87	23	\$199	23	\$69	23	\$107
24	\$89	24	\$204	24	\$70	24	\$109
25	\$92	25	\$210	25	\$72	25	\$113
26	\$95	26	\$218	26	\$75	26	\$118
27	\$99	27	\$227	27	\$78	27	\$122
28	\$102	28	\$237	28	\$81	28	\$126
29	\$107	29	\$244	29	\$84	29	\$131
30	\$109	30	\$251	30	\$86	30	\$135
31	\$111	31	\$256	31	\$88	31	\$137
32	\$113	32	\$259	32	\$89	32	\$140
33	\$114	33	\$263	33	\$90	33	\$141
34	\$116	34	\$265	34	\$90	34	\$142
35	\$117	35	\$267	35	\$92	35	\$144
36	\$118	36	\$270	36	\$93	36	\$145
37	\$120	37	\$276	37	\$95	37	\$148
38	\$123	38	\$282	38	\$97	38	\$152
39	\$126	39	\$291	39	\$100	39	\$156
40	\$131	40	\$300	40	\$104	40	\$161
41	\$135	41	\$310	41	\$107	41	\$167
42	\$140	42	\$320	42	\$110	42	\$172
43	\$144	43	\$330	43	\$113	43	\$178
44	\$148	44	\$341	44	\$117	44	\$183
45	\$154	45	\$352	45	\$121	45	\$189
46	\$158	46	\$363	46	\$124	46	\$195
47	\$164	47	\$374	47	\$129	47	\$201
48	\$168	48	\$386	48	\$132	48	\$207
49	\$173	49	\$397	49	\$136	49	\$214
50	\$178	50	\$409	50	\$141	50	\$219
51	\$183	51	\$421	51	\$144	51	\$226
52	\$189	52	\$433	52	\$148	52	\$232
53	\$195	53	\$447	53	\$154	53	\$240
54	\$202	54	\$462	54	\$159	54	\$249
55	\$209	55	\$481	55	\$166	55	\$258
56	\$218	56	\$501	56	\$172	56	\$269
57	\$228	57	\$522	57	\$180	57	\$280
58	\$238	58	\$544	58	\$187	58	\$292
59	\$247	59	\$567	59	\$195	59	\$305
60	\$257	60	\$591	60	\$203	60	\$317
61	\$274	61	\$627	61	\$216	61	\$337
62	\$290	62	\$666	62	\$229	62	\$358
63	\$308	63	\$706	63	\$243	63	\$379
64	\$327	64	\$750	64	\$257	64	\$402
65+	\$347	65+	\$796	65+	\$274	65+	\$427

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 7
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$226	0	\$484	0	\$651	0	\$268
1	\$101	1	\$218	1	\$293	1	\$121
2	\$66	2	\$143	2	\$192	2	\$80
3	\$62	3	\$132	3	\$178	3	\$73
4	\$57	4	\$122	4	\$164	4	\$68
5	\$52	5	\$113	5	\$152	5	\$63
6	\$49	6	\$106	6	\$143	6	\$59
7	\$47	7	\$101	7	\$136	7	\$56
8	\$46	8	\$98	8	\$132	8	\$55
9	\$46	9	\$98	9	\$132	9	\$55
10	\$47	10	\$100	10	\$135	10	\$56
11	\$49	11	\$105	11	\$142	11	\$58
12	\$52	12	\$111	12	\$149	12	\$62
13	\$53	13	\$116	13	\$156	13	\$64
14	\$58	14	\$123	14	\$166	14	\$69
15	\$61	15	\$132	15	\$178	15	\$73
16	\$65	16	\$141	16	\$189	16	\$77
17	\$69	17	\$148	17	\$198	17	\$82
18	\$71	18	\$152	18	\$204	18	\$84
19	\$72	19	\$155	19	\$208	19	\$86
20	\$71	20	\$152	20	\$203	20	\$84
21	\$69	21	\$147	21	\$197	21	\$82
22	\$64	22	\$140	22	\$187	22	\$77
23	\$65	23	\$142	23	\$190	23	\$78
24	\$68	24	\$145	24	\$194	24	\$81
25	\$70	25	\$149	25	\$201	25	\$83
26	\$72	26	\$155	26	\$208	26	\$86
27	\$75	27	\$161	27	\$216	27	\$89
28	\$77	28	\$167	28	\$225	28	\$93
29	\$81	29	\$173	29	\$232	29	\$96
30	\$83	30	\$178	30	\$239	30	\$99
31	\$85	31	\$181	31	\$244	31	\$100
32	\$86	32	\$184	32	\$247	32	\$102
33	\$86	33	\$186	33	\$250	33	\$104
34	\$87	34	\$187	34	\$252	34	\$105
35	\$88	35	\$190	35	\$254	35	\$105
36	\$89	36	\$192	36	\$258	36	\$107
37	\$90	37	\$195	37	\$263	37	\$108
38	\$94	38	\$201	38	\$269	38	\$111
39	\$96	39	\$206	39	\$277	39	\$114
40	\$99	40	\$213	40	\$286	40	\$118
41	\$102	41	\$219	41	\$295	41	\$122
42	\$106	42	\$227	42	\$305	42	\$125
43	\$109	43	\$234	43	\$315	43	\$130
44	\$112	44	\$241	44	\$325	44	\$134
45	\$116	45	\$249	45	\$335	45	\$138
46	\$120	46	\$257	46	\$346	46	\$143
47	\$123	47	\$265	47	\$356	47	\$147
48	\$128	48	\$273	48	\$367	48	\$152
49	\$131	49	\$281	49	\$378	49	\$156
50	\$135	50	\$289	50	\$389	50	\$160
51	\$138	51	\$298	51	\$400	51	\$166
52	\$143	52	\$306	52	\$412	52	\$170
53	\$147	53	\$316	53	\$425	53	\$175
54	\$153	54	\$327	54	\$440	54	\$182
55	\$159	55	\$340	55	\$458	55	\$189
56	\$166	56	\$354	56	\$477	56	\$197
57	\$172	57	\$370	57	\$497	57	\$205
58	\$180	58	\$386	58	\$518	58	\$214
59	\$187	59	\$402	59	\$541	59	\$223
60	\$195	60	\$419	60	\$562	60	\$232
61	\$207	61	\$444	61	\$597	61	\$246
62	\$220	62	\$472	62	\$634	62	\$262
63	\$233	63	\$500	63	\$673	63	\$278
64	\$247	64	\$531	64	\$714	64	\$294
65+	\$263	65+	\$564	65+	\$758	65+	\$313

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 8
CP Base Rates

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$687	0	\$608	0	\$489	0	\$449
1	\$311	1	\$275	1	\$221	1	\$203
2	\$203	2	\$179	2	\$144	2	\$132
3	\$187	3	\$167	3	\$134	3	\$123
4	\$173	4	\$153	4	\$123	4	\$113
5	\$160	5	\$142	5	\$114	5	\$105
6	\$150	6	\$133	6	\$107	6	\$98
7	\$144	7	\$126	7	\$102	7	\$94
8	\$140	8	\$123	8	\$99	8	\$92
9	\$140	9	\$123	9	\$99	9	\$92
10	\$143	10	\$126	10	\$101	10	\$94
11	\$149	11	\$132	11	\$106	11	\$97
12	\$158	12	\$140	12	\$112	12	\$104
13	\$165	13	\$145	13	\$117	13	\$108
14	\$175	14	\$155	14	\$125	14	\$114
15	\$187	15	\$166	15	\$133	15	\$122
16	\$199	16	\$175	16	\$142	16	\$130
17	\$210	17	\$185	17	\$149	17	\$137
18	\$216	18	\$191	18	\$154	18	\$141
19	\$220	19	\$194	19	\$156	19	\$144
20	\$215	20	\$190	20	\$153	20	\$141
21	\$208	21	\$184	21	\$148	21	\$136
22	\$197	22	\$174	22	\$141	22	\$130
23	\$201	23	\$178	23	\$143	23	\$131
24	\$205	24	\$181	24	\$146	24	\$134
25	\$211	25	\$187	25	\$150	25	\$138
26	\$219	26	\$194	26	\$156	26	\$144
27	\$229	27	\$202	27	\$162	27	\$149
28	\$238	28	\$210	28	\$169	28	\$156
29	\$245	29	\$217	29	\$174	29	\$160
30	\$253	30	\$223	30	\$180	30	\$165
31	\$257	31	\$228	31	\$183	31	\$169
32	\$262	32	\$231	32	\$186	32	\$171
33	\$264	33	\$233	33	\$187	33	\$172
34	\$266	34	\$235	34	\$190	34	\$174
35	\$269	35	\$238	35	\$191	35	\$175
36	\$273	36	\$241	36	\$194	36	\$178
37	\$277	37	\$245	37	\$197	37	\$181
38	\$284	38	\$252	38	\$202	38	\$186
39	\$292	39	\$258	39	\$208	39	\$192
40	\$302	40	\$267	40	\$215	40	\$197
41	\$312	41	\$276	41	\$221	41	\$204
42	\$322	42	\$284	42	\$229	42	\$210
43	\$332	43	\$294	43	\$237	43	\$217
44	\$342	44	\$303	44	\$244	44	\$225
45	\$353	45	\$313	45	\$252	45	\$231
46	\$365	46	\$323	46	\$259	46	\$239
47	\$376	47	\$332	47	\$267	47	\$246
48	\$388	48	\$343	48	\$276	48	\$254
49	\$399	49	\$353	49	\$284	49	\$262
50	\$411	50	\$363	50	\$292	50	\$269
51	\$423	51	\$374	51	\$301	51	\$277
52	\$435	52	\$385	52	\$310	52	\$284
53	\$449	53	\$397	53	\$319	53	\$293
54	\$464	54	\$411	54	\$330	54	\$304
55	\$484	55	\$427	55	\$344	55	\$316
56	\$504	56	\$446	56	\$359	56	\$329
57	\$525	57	\$464	57	\$374	57	\$343
58	\$547	58	\$484	58	\$389	58	\$359
59	\$570	59	\$505	59	\$405	59	\$373
60	\$594	60	\$525	60	\$423	60	\$388
61	\$630	61	\$558	61	\$449	61	\$412
62	\$669	62	\$592	62	\$476	62	\$438
63	\$711	63	\$629	63	\$506	63	\$465
64	\$754	64	\$667	64	\$536	64	\$494
65+	\$800	65+	\$709	65+	\$570	65+	\$524

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 8
CP Base Rates

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$372	0	\$853	0	\$293	0	\$458
1	\$168	1	\$386	1	\$132	1	\$207
2	\$110	2	\$252	2	\$86	2	\$135
3	\$101	3	\$233	3	\$81	3	\$125
4	\$94	4	\$215	4	\$74	4	\$116
5	\$87	5	\$199	5	\$69	5	\$107
6	\$82	6	\$186	6	\$64	6	\$100
7	\$77	7	\$178	7	\$61	7	\$96
8	\$75	8	\$173	8	\$60	8	\$93
9	\$75	9	\$173	9	\$60	9	\$93
10	\$77	10	\$178	10	\$61	10	\$95
11	\$81	11	\$185	11	\$63	11	\$99
12	\$86	12	\$196	12	\$68	12	\$106
13	\$89	13	\$204	13	\$70	13	\$109
14	\$95	14	\$218	14	\$75	14	\$117
15	\$101	15	\$232	15	\$80	15	\$125
16	\$108	16	\$247	16	\$85	16	\$133
17	\$113	17	\$261	17	\$89	17	\$141
18	\$117	18	\$268	18	\$92	18	\$144
19	\$119	19	\$273	19	\$94	19	\$146
20	\$117	20	\$267	20	\$92	20	\$143
21	\$113	21	\$259	21	\$89	21	\$140
22	\$107	22	\$245	22	\$84	22	\$132
23	\$109	23	\$249	23	\$85	23	\$134
24	\$111	24	\$255	24	\$87	24	\$137
25	\$114	25	\$263	25	\$90	25	\$141
26	\$119	26	\$273	26	\$94	26	\$146
27	\$124	27	\$283	27	\$97	27	\$153
28	\$129	28	\$295	28	\$101	28	\$158
29	\$133	29	\$305	29	\$105	29	\$164
30	\$136	30	\$314	30	\$108	30	\$168
31	\$140	31	\$320	31	\$110	31	\$172
32	\$142	32	\$325	32	\$111	32	\$174
33	\$143	33	\$328	33	\$112	33	\$177
34	\$144	34	\$330	34	\$113	34	\$178
35	\$146	35	\$334	35	\$114	35	\$179
36	\$147	36	\$338	36	\$117	36	\$182
37	\$150	37	\$344	37	\$119	37	\$185
38	\$154	38	\$353	38	\$121	38	\$190
39	\$158	39	\$363	39	\$124	39	\$195
40	\$164	40	\$375	40	\$129	40	\$202
41	\$169	41	\$387	41	\$133	41	\$208
42	\$174	42	\$400	42	\$137	42	\$215
43	\$180	43	\$413	43	\$142	43	\$221
44	\$185	44	\$426	44	\$146	44	\$229
45	\$192	45	\$439	45	\$150	45	\$235
46	\$197	46	\$452	46	\$156	46	\$243
47	\$204	47	\$467	47	\$160	47	\$251
48	\$210	48	\$482	48	\$166	48	\$258
49	\$216	49	\$496	49	\$170	49	\$266
50	\$222	50	\$510	50	\$175	50	\$274
51	\$229	51	\$525	51	\$180	51	\$282
52	\$235	52	\$541	52	\$185	52	\$290
53	\$243	53	\$558	53	\$192	53	\$300
54	\$252	54	\$578	54	\$198	54	\$310
55	\$262	55	\$601	55	\$206	55	\$323
56	\$273	56	\$626	56	\$215	56	\$336
57	\$284	57	\$652	57	\$223	57	\$350
58	\$296	58	\$680	58	\$233	58	\$365
59	\$308	59	\$709	59	\$243	59	\$380
60	\$322	60	\$738	60	\$253	60	\$396
61	\$341	61	\$783	61	\$269	61	\$421
62	\$363	62	\$832	62	\$286	62	\$447
63	\$385	63	\$883	63	\$303	63	\$474
64	\$409	64	\$936	64	\$322	64	\$502
65+	\$434	65+	\$994	65+	\$341	65+	\$534

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 8
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
Age	Single Unisex	Age	Single Unisex	Age	Single Unisex	Age	Single Unisex
0	\$281	0	\$604	0	\$812	0	\$336
1	\$128	1	\$273	1	\$367	1	\$152
2	\$83	2	\$178	2	\$240	2	\$99
3	\$77	3	\$166	3	\$222	3	\$92
4	\$71	4	\$153	4	\$205	4	\$84
5	\$65	5	\$141	5	\$190	5	\$78
6	\$62	6	\$132	6	\$178	6	\$73
7	\$59	7	\$126	7	\$170	7	\$70
8	\$57	8	\$123	8	\$165	8	\$69
9	\$57	9	\$122	9	\$165	9	\$68
10	\$59	10	\$125	10	\$169	10	\$70
11	\$61	11	\$131	11	\$177	11	\$73
12	\$64	12	\$140	12	\$186	12	\$77
13	\$68	13	\$144	13	\$194	13	\$81
14	\$72	14	\$155	14	\$207	14	\$86
15	\$76	15	\$165	15	\$221	15	\$92
16	\$82	16	\$175	16	\$235	16	\$97
17	\$86	17	\$184	17	\$249	17	\$102
18	\$88	18	\$190	18	\$255	18	\$106
19	\$90	19	\$193	19	\$259	19	\$107
20	\$88	20	\$189	20	\$254	20	\$105
21	\$85	21	\$183	21	\$246	21	\$101
22	\$81	22	\$173	22	\$233	22	\$96
23	\$82	23	\$177	23	\$237	23	\$98
24	\$84	24	\$180	24	\$242	24	\$100
25	\$87	25	\$186	25	\$251	25	\$104
26	\$90	26	\$193	26	\$259	26	\$107
27	\$94	27	\$201	27	\$270	27	\$111
28	\$97	28	\$209	28	\$281	28	\$116
29	\$100	29	\$216	29	\$290	29	\$120
30	\$104	30	\$222	30	\$299	30	\$123
31	\$106	31	\$227	31	\$304	31	\$125
32	\$107	32	\$230	32	\$310	32	\$128
33	\$108	33	\$232	33	\$312	33	\$129
34	\$109	34	\$234	34	\$315	34	\$130
35	\$110	35	\$237	35	\$318	35	\$131
36	\$111	36	\$240	36	\$322	36	\$133
37	\$113	37	\$244	37	\$328	37	\$135
38	\$117	38	\$250	38	\$336	38	\$138
39	\$120	39	\$257	39	\$346	39	\$143
40	\$123	40	\$266	40	\$356	40	\$147
41	\$128	41	\$275	41	\$368	41	\$153
42	\$132	42	\$283	42	\$380	42	\$157
43	\$136	43	\$292	43	\$392	43	\$162
44	\$141	44	\$302	44	\$405	44	\$168
45	\$145	45	\$311	45	\$419	45	\$172
46	\$149	46	\$320	46	\$432	46	\$178
47	\$154	47	\$330	47	\$445	47	\$183
48	\$159	48	\$341	48	\$458	48	\$190
49	\$164	49	\$351	49	\$472	49	\$195
50	\$168	50	\$362	50	\$486	50	\$201
51	\$173	51	\$372	51	\$500	51	\$206
52	\$179	52	\$383	52	\$514	52	\$213
53	\$184	53	\$395	53	\$531	53	\$219
54	\$191	54	\$409	54	\$549	54	\$227
55	\$198	55	\$425	55	\$572	55	\$237
56	\$206	56	\$443	56	\$595	56	\$246
57	\$215	57	\$462	57	\$621	57	\$256
58	\$225	58	\$482	58	\$647	58	\$267
59	\$233	59	\$501	59	\$675	59	\$279
60	\$243	60	\$522	60	\$702	60	\$290
61	\$258	61	\$555	61	\$746	61	\$307
62	\$275	62	\$589	62	\$791	62	\$327
63	\$291	63	\$625	63	\$840	63	\$347
64	\$308	64	\$663	64	\$892	64	\$368
65+	\$328	65+	\$704	65+	\$947	65+	\$391

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 9
CP Base Rates

MC 3500		MC 5000		MC 7500 with Unlimited PCVs + Dent		High Deductible MC 3500 (HSA Compatible)	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$586	0	\$519	0	\$417	0	\$384
1	\$265	1	\$234	1	\$189	1	\$173
2	\$173	2	\$153	2	\$123	2	\$113
3	\$160	3	\$142	3	\$114	3	\$105
4	\$147	4	\$131	4	\$105	4	\$97
5	\$137	5	\$121	5	\$97	5	\$89
6	\$129	6	\$113	6	\$92	6	\$84
7	\$122	7	\$108	7	\$87	7	\$80
8	\$119	8	\$106	8	\$85	8	\$78
9	\$119	9	\$106	9	\$85	9	\$77
10	\$122	10	\$108	10	\$87	10	\$80
11	\$128	11	\$112	11	\$90	11	\$83
12	\$135	12	\$120	12	\$96	12	\$88
13	\$141	13	\$124	13	\$99	13	\$92
14	\$149	14	\$133	14	\$107	14	\$98
15	\$160	15	\$142	15	\$113	15	\$105
16	\$170	16	\$150	16	\$121	16	\$111
17	\$180	17	\$159	17	\$128	17	\$118
18	\$184	18	\$162	18	\$131	18	\$120
19	\$187	19	\$166	19	\$134	19	\$123
20	\$183	20	\$162	20	\$131	20	\$120
21	\$178	21	\$157	21	\$126	21	\$117
22	\$169	22	\$149	22	\$120	22	\$110
23	\$171	23	\$152	23	\$122	23	\$112
24	\$175	24	\$155	24	\$124	24	\$114
25	\$181	25	\$160	25	\$129	25	\$118
26	\$187	26	\$166	26	\$133	26	\$123
27	\$195	27	\$172	27	\$138	27	\$128
28	\$203	28	\$180	28	\$144	28	\$133
29	\$209	29	\$185	29	\$149	29	\$137
30	\$216	30	\$191	30	\$154	30	\$141
31	\$220	31	\$194	31	\$157	31	\$144
32	\$223	32	\$197	32	\$159	32	\$146
33	\$226	33	\$199	33	\$160	33	\$147
34	\$228	34	\$201	34	\$161	34	\$148
35	\$230	35	\$203	35	\$164	35	\$150
36	\$232	36	\$206	36	\$166	36	\$153
37	\$237	37	\$209	37	\$169	37	\$155
38	\$243	38	\$215	38	\$172	38	\$159
39	\$250	39	\$221	39	\$178	39	\$164
40	\$257	40	\$228	40	\$183	40	\$169
41	\$266	41	\$235	41	\$190	41	\$174
42	\$275	42	\$243	42	\$195	42	\$180
43	\$283	43	\$251	43	\$202	43	\$185
44	\$292	44	\$259	44	\$208	44	\$192
45	\$302	45	\$267	45	\$215	45	\$197
46	\$312	46	\$276	46	\$221	46	\$204
47	\$322	47	\$284	47	\$229	47	\$210
48	\$331	48	\$293	48	\$235	48	\$217
49	\$341	49	\$302	49	\$242	49	\$223
50	\$351	50	\$311	50	\$250	50	\$230
51	\$361	51	\$319	51	\$257	51	\$237
52	\$372	52	\$329	52	\$265	52	\$243
53	\$384	53	\$339	53	\$273	53	\$251
54	\$397	54	\$351	54	\$282	54	\$259
55	\$413	55	\$365	55	\$294	55	\$270
56	\$431	56	\$380	56	\$306	56	\$281
57	\$448	57	\$397	57	\$319	57	\$293
58	\$468	58	\$413	58	\$332	58	\$305
59	\$487	59	\$431	59	\$347	59	\$318
60	\$507	60	\$448	60	\$361	60	\$331
61	\$538	61	\$476	61	\$383	61	\$352
62	\$571	62	\$506	62	\$407	62	\$374
63	\$607	63	\$536	63	\$432	63	\$397
64	\$644	64	\$569	64	\$458	64	\$421
65+	\$683	65+	\$605	65+	\$486	65+	\$447

PROPOSED MONTHLY PPO RATES

**State: California
Effective 04/01/2011
Area 9
CP Base Rates**

High Deductible MC 5500 (HSA Compatible)		MC 1750		Preventative and Hospital Care 3000 (HSA Compatible)		Value 2500 with 5 Office Visits	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$317	0	\$728	0	\$251	0	\$391
1	\$144	1	\$329	1	\$113	1	\$177
2	\$94	2	\$215	2	\$74	2	\$116
3	\$87	3	\$199	3	\$69	3	\$107
4	\$80	4	\$183	4	\$63	4	\$98
5	\$74	5	\$170	5	\$59	5	\$92
6	\$70	6	\$159	6	\$55	6	\$86
7	\$66	7	\$153	7	\$52	7	\$82
8	\$64	8	\$148	8	\$51	8	\$80
9	\$64	9	\$148	9	\$51	9	\$80
10	\$66	10	\$152	10	\$52	10	\$82
11	\$69	11	\$158	11	\$55	11	\$85
12	\$73	12	\$168	12	\$58	12	\$90
13	\$76	13	\$174	13	\$60	13	\$94
14	\$81	14	\$186	14	\$64	14	\$100
15	\$86	15	\$198	15	\$69	15	\$107
16	\$92	16	\$211	16	\$72	16	\$113
17	\$97	17	\$222	17	\$76	17	\$120
18	\$99	18	\$229	18	\$78	18	\$123
19	\$101	19	\$233	19	\$80	19	\$125
20	\$99	20	\$228	20	\$78	20	\$122
21	\$96	21	\$221	21	\$76	21	\$119
22	\$92	22	\$209	22	\$72	22	\$112
23	\$93	23	\$213	23	\$73	23	\$114
24	\$95	24	\$218	24	\$75	24	\$117
25	\$98	25	\$225	25	\$77	25	\$121
26	\$101	26	\$233	26	\$80	26	\$125
27	\$106	27	\$242	27	\$83	27	\$130
28	\$110	28	\$252	28	\$86	28	\$135
29	\$113	29	\$261	29	\$89	29	\$140
30	\$117	30	\$268	30	\$92	30	\$144
31	\$119	31	\$274	31	\$94	31	\$147
32	\$121	32	\$277	32	\$95	32	\$149
33	\$122	33	\$280	33	\$96	33	\$150
34	\$123	34	\$282	34	\$97	34	\$152
35	\$124	35	\$284	35	\$98	35	\$153
36	\$126	36	\$289	36	\$99	36	\$155
37	\$129	37	\$294	37	\$101	37	\$158
38	\$132	38	\$301	38	\$104	38	\$161
39	\$135	39	\$310	39	\$107	39	\$167
40	\$140	40	\$320	40	\$110	40	\$172
41	\$144	41	\$330	41	\$113	41	\$178
42	\$149	42	\$341	42	\$118	42	\$183
43	\$154	43	\$352	43	\$121	43	\$190
44	\$158	44	\$363	44	\$125	44	\$195
45	\$164	45	\$375	45	\$129	45	\$202
46	\$169	46	\$387	46	\$133	46	\$208
47	\$174	47	\$399	47	\$137	47	\$214
48	\$179	48	\$411	48	\$142	48	\$220
49	\$184	49	\$423	49	\$145	49	\$228
50	\$190	50	\$436	50	\$149	50	\$234
51	\$195	51	\$448	51	\$154	51	\$241
52	\$202	52	\$461	52	\$158	52	\$247
53	\$207	53	\$476	53	\$164	53	\$256
54	\$215	54	\$493	54	\$169	54	\$265
55	\$223	55	\$512	55	\$177	55	\$276
56	\$233	56	\$534	56	\$183	56	\$287
57	\$243	57	\$557	57	\$191	57	\$299
58	\$253	58	\$581	58	\$199	58	\$312
59	\$264	59	\$605	59	\$208	59	\$325
60	\$275	60	\$630	60	\$216	60	\$338
61	\$291	61	\$668	61	\$230	61	\$359
62	\$310	62	\$710	62	\$244	62	\$382
63	\$328	63	\$753	63	\$259	63	\$404
64	\$349	64	\$800	64	\$275	64	\$429
65+	\$371	65+	\$849	65+	\$292	65+	\$456

PROPOSED MONTHLY PPO RATES

State: California
Effective 04/01/2011
Area 9
CP Base Rates

Value 8000 with 5 Office Visits		Buy Down 6500		MC 2750		Value 5000	
<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>	<u>Age</u>	<u>Single Unisex</u>
0	\$241	0	\$516	0	\$693	0	\$287
1	\$109	1	\$233	1	\$313	1	\$130
2	\$71	2	\$152	2	\$204	2	\$84
3	\$65	3	\$141	3	\$190	3	\$78
4	\$61	4	\$130	4	\$174	4	\$72
5	\$56	5	\$121	5	\$162	5	\$66
6	\$52	6	\$113	6	\$152	6	\$63
7	\$50	7	\$108	7	\$145	7	\$60
8	\$49	8	\$105	8	\$141	8	\$58
9	\$49	9	\$105	9	\$141	9	\$58
10	\$50	10	\$107	10	\$144	10	\$60
11	\$52	11	\$112	11	\$150	11	\$62
12	\$56	12	\$119	12	\$159	12	\$65
13	\$58	13	\$123	13	\$166	13	\$69
14	\$61	14	\$132	14	\$178	14	\$73
15	\$65	15	\$141	15	\$189	15	\$78
16	\$70	16	\$149	16	\$201	16	\$83
17	\$73	17	\$158	17	\$213	17	\$87
18	\$75	18	\$161	18	\$218	18	\$89
19	\$77	19	\$165	19	\$222	19	\$92
20	\$75	20	\$161	20	\$217	20	\$89
21	\$73	21	\$157	21	\$210	21	\$87
22	\$69	22	\$148	22	\$199	22	\$83
23	\$70	23	\$150	23	\$203	23	\$84
24	\$72	24	\$154	24	\$207	24	\$85
25	\$74	25	\$159	25	\$214	25	\$88
26	\$76	26	\$165	26	\$221	26	\$92
27	\$80	27	\$171	27	\$231	27	\$95
28	\$83	28	\$179	28	\$240	28	\$99
29	\$86	29	\$184	29	\$247	29	\$102
30	\$88	30	\$190	30	\$255	30	\$106
31	\$90	31	\$193	31	\$261	31	\$108
32	\$92	32	\$196	32	\$264	32	\$109
33	\$93	33	\$198	33	\$267	33	\$110
34	\$93	34	\$199	34	\$269	34	\$111
35	\$94	35	\$202	35	\$271	35	\$112
36	\$95	36	\$205	36	\$275	36	\$113
37	\$97	37	\$208	37	\$280	37	\$116
38	\$99	38	\$214	38	\$287	38	\$119
39	\$102	39	\$219	39	\$295	39	\$122
40	\$106	40	\$227	40	\$305	40	\$125
41	\$109	41	\$234	41	\$315	41	\$130
42	\$112	42	\$242	42	\$325	42	\$134
43	\$117	43	\$250	43	\$336	43	\$138
44	\$120	44	\$257	44	\$347	44	\$143
45	\$123	45	\$266	45	\$356	45	\$147
46	\$128	46	\$274	46	\$368	46	\$152
47	\$132	47	\$282	47	\$379	47	\$157
48	\$135	48	\$291	48	\$391	48	\$161
49	\$140	49	\$300	49	\$403	49	\$167
50	\$144	50	\$308	50	\$415	50	\$171
51	\$148	51	\$317	51	\$427	51	\$177
52	\$153	52	\$327	52	\$439	52	\$181
53	\$157	53	\$337	53	\$453	53	\$187
54	\$162	54	\$349	54	\$470	54	\$194
55	\$169	55	\$363	55	\$488	55	\$202
56	\$177	56	\$378	56	\$509	56	\$210
57	\$184	57	\$395	57	\$530	57	\$219
58	\$192	58	\$411	58	\$553	58	\$228
59	\$199	59	\$428	59	\$576	59	\$238
60	\$208	60	\$446	60	\$600	60	\$247
61	\$220	61	\$473	61	\$637	61	\$263
62	\$234	62	\$502	62	\$676	62	\$279
63	\$249	63	\$534	63	\$717	63	\$296
64	\$264	64	\$567	64	\$761	64	\$314
65+	\$280	65+	\$602	65+	\$809	65+	\$334

<i>SERFF Tracking Number:</i>	<i>AETN-126940373</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-02367</i>
<i>Company Tracking Number:</i>	<i>CA-2010-11</i>		
<i>TOI:</i>	<i>H161 Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H161.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>Individual Medical</i>		
<i>Project Name/Number:</i>	<i>CA 2Q11 New Business/CA-2010-11</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Filing Cover Sheet	
Comments:		
Attachments:		
00_Cover Sheet.pdf		
01_CA New Business cover letter 04-2011.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum	
Comments:		
Actuarial Memorandum and four supporting exhibits:		
Exhibit A - Plan Designs		
Exhibit B - Demographic Factors		
Exhibit C - Area Factors		
Exhibit D - Lifetime Loss Ratio Projection		
Attachments:		
02_CA Actuarial Memorandum_NB 04-2011.pdf		
03_Exhibit A - Plan Designs.pdf		
04_Exhibit B - Demographic Factors.pdf		
05_Exhibit C - Area Factors.pdf		
06_Exhibit D - Lifetime Loss Ratio.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Document Submission Formset	
Comments:		
Attachment:		
000_CA DSF_NB.pdf		

CALIFORNIA DEPARTMENT OF INSURANCE

Reset Form

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name): AETNA LIFE INSURANCE COMPANY
	Submitter and Complete Mailing Address: James T. Lescoe, 151 Farmington Ave - RW2A, Hartford, CT 06156
	Submission Date: 12/9/10

1. IDENTIFYING FORM NUMBER(S): GR-11741, GR-11741-LME
 [The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))]

Generic Description and Definition Citation	<u>Check Below</u>		Generic Description and Definition Citation	<u>Check Below</u>
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]	<input checked="" type="checkbox"/>		Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]			Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]			Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]			Fraternalism [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]			Unclassified [§2202(a)(11)]	

* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:		Individual Only:	<input checked="" type="checkbox"/>	Group and Individual:	
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:		Over 50 Employees:		All Employers:	
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

<u>Document(s)</u>	<u>Document(s)</u>

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

<u>Document Form Number</u>	<u>Document Class (from Item 2, above)</u>
11826-2 Ed. 4/06	Unclassified (Dental)

8. Master Policy Form Number and Approval Date: _____

[Where a certificate is submitted for use with a previously approved "group" document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER'S SIGNATURE AND TITLE: James W. Lecoe Actuary I



Aetna Life Insurance Company
151 Farmington Avenue, RW2A
Hartford, CT 06156

James T. Lescoe
Individual Actuarial
860-273-0251 (phone)
860-902-8517 (fax)
Lescoe.J@aetna.com

December 9, 2010

California Department of Insurance
Policy Approval Bureau
45 Fremont St., 24th floor
San Francisco, CA 94105

Subject: Aetna Life Insurance Company, NAIC No. 00160054
Form GR-11741 (03-09), GR-11741-SOC 02/10, GR-11741-LME (03-09),
GR-11741-LME SOC (03-09), et al.
Aetna Tracking Number: CA-2010-11

Dear Sir/Madam:

We enclose, for your Department's filing, a rate filing for new business written on the above referenced approved form. The rates for these Individual Advantage plans will become effective on April 1, 2011. These rates are 2.8% higher than the rates in the prior filing.

The rates and plan designs contained in this filing do not use gender as a rating variable and comply with requirements of the Affordable Care Act (ACA).

Supporting documentation for this filing includes the following:

- Document Submission Form
- Actuarial Memorandum and Certification
- Exhibit A - Summary of plan designs
- Exhibit B - Demographic Factors
- Exhibit C - Rating Area Definitions and Factors
- Exhibit D - Demonstration of the Anticipated Lifetime Loss Ratio
- Rate Tables for each of the benefit plans (*Please note that the rates presented for MC 7500 with Unlimited Primary Care Visits plus Dental – v01-2011 contain medical only rates and the dental rider rate would be added in.)

We trust that you will find everything in order. If you have any questions regarding this filing, please do not hesitate to contact me at the address or telephone number shown above.

Very truly yours,

A handwritten signature in black ink that reads "James T. Lescoe".

James T. Lescoe
Actuary I

AETNA LIFE INSURANCE COMPANY
Actuarial Memorandum
Aetna Tracking CA-2010-11
Form GR-11741 (03-09), GR-11741-SOC 02/10, GR-11741-LME (03-09),
GR-11741-LME SOC (03-09), et al.
(Comprehensive Medical Expense PPO Policy and Limited Medical Expense PPO Policy)

Purpose, Scope and Effective Date

The purpose of this filing is to file premium rates for Individual Advantage Medical benefit plan designs. These policies provide comprehensive and limited medical expense benefits and apply a calendar year deductible of:

- \$1,750 (MC 1750 – v. 01-2011) – Comprehensive Plan
- \$2,750 (MC 2750 – v. 01-2011) – Comprehensive Plan
- \$3,500 (MC 3500 – v. 01-2011) – Comprehensive Plan
- \$5,000 (MC 5000 – v. 01-2011) – Comprehensive Plan
- \$7,500 (MC 7500 with Unlimited Primary Care Visits plus Dental – v. 01-2011) – Comprehensive Plan
- \$2,500 (Value 2500 – v. 01-2011) – Comprehensive Plan
- \$5,000 (Value 5000 – v. 01-2011) – Comprehensive Plan
- \$8,000 (Value 8000 – v. 01-2011) – Comprehensive Plan
- \$3,500 (High Deductible MC 3500 (HSA Compatible) – v. 01-2011) – Comprehensive Plan
- \$5,500 (High Deductible MC 5500 (HSA Compatible) – v. 01-2011) – Comprehensive Plan
- \$6,500 (MC 6500 – v. 01-2011) – Comprehensive Plan
- \$3,000 (Preventive and Hospital Care 3000 (HSA Compatible) – v. 01-2011) – Limited Plan

The above-listed plan designs comply with HCR provisions applicable to new business contracts issued with effective dates of October 1, 2010 and later. These plans will be marketed to new business with an effective date of January 1, 2011 and later. Attached Exhibit A provides more detail around each specific plan design.

Specifically, this filing includes:

- New rate levels that incorporate a 2.8% increase reflecting changes in medical costs

The effective date of the rates in this filing is April 1, 2011.

Benefit Plans

There are no changes to the plans or plan designs offered to new business from the last filing applicable to new business.

Demographic Factors

There are no changes to the demographic factors from the last filing applicable to new business. Age factors are included in Exhibit B.

Area Factors

There are no changes to the geographic area definitions or associated factors included in our previous filing. A complete description of rating area definitions and our current factors for new business is included in the attached Exhibit C.

Premium Rate Development

We start with the final plan-specific base rates from our previous rate filing and apply a trend adjustment factor ($1.09 / 1.06 = 1.0283$) to carry these rates from January 1, 2011 to April 1, 2011.

Revised Base Rates are as follows:

<u>Benefit Plan</u>	<u>Base Rate</u> <u>eff 01-2011</u>	<u>Trend</u> <u>Adjustment</u> <u>Factor</u>	<u>Plan-</u> <u>Specific</u> <u>Base Rate</u> <u>eff 04-2011</u>
MC 3500 – v. 01-2011	257.37	1.0283	264.65
MC 5000 – v. 01-2011	227.68	1.0283	234.12
MC 7500 with Unlimited Primary Care Visits plus Dental – v. 01-2011	183.14	1.0283	188.32
High Deductible MC 3500 (HSA Compatible) – v. 01-2011	168.38	1.0283	173.15
High Deductible MC 5500 (HSA Compatible) – v. 01-2011	139.38	1.0283	143.32
Preventive and Hospital Care 3000 (HSA Compatible) – v. 01-2011	109.81	1.0283	112.92
Value 2500 – v. 01-2011	171.68	1.0283	176.54
Value 8000 – v. 01-2011	105.46	1.0283	108.44
MC 6500 – v. 01-2011	226.38	1.0283	232.79
MC 1750 – v. 01-2011	319.66	1.0283	328.71
MC 2750 – v. 01-2011	304.35	1.0283	312.96
Value 5000 – v. 01-2011	125.69	1.0283	129.25

We then apply age and area factors to create rates which are rounded to the nearest dollar.

Please note that the attached rate tables start with the July 1, 2010 equivalent rate level and apply age and area factors (as displayed in Exhibits B and C). These rates are rounded to the nearest dollar and then a trend adjustment factor of 1.09 is applied to the rounded rates. As a result, there may be some differences between the attached rate tables (the development of which mirrors the methodology applied by our rating systems) and the rates that would be calculated by applying the age and area factors directly to the base rates listed above.

Rating for Couple, Parent/Child, and Family Contracts

Premium rates for Couple, Parent/Child, and Family contracts will be determined consistent with the methodology discussed in DOI Filing # - PF-2010-00339 (State Tracking Number CA-2010-02) that became effective March 12, 2010.

In summary, premium rates for Couple, Parent/Child, and Family contracts will be determined by the sum of the individual rates based on the attained age of each member enrolled on the contract.

Underwriting and Premium Classes

Policy forms will be subject to medical underwriting. This filing proposes no changes to the general underwriting guidelines or our currently filed premium classifications discussed in our most recent rate filing.

In summary, premiums by plan are based on attained age and underwriting classification. We will issue policies at eleven different underwriting levels. The lowest underwriting level is our standard level, which has no rate-up. There are ten additional underwriting levels comprised of rate-up factors ranging from 10% to 100%. Rate-up factors are assigned in increments of 10% up to a rate-up of 100%. The final rate for the underwritten policy will be determined as the standard rate multiplied by $(1 + \text{rate-up-factor})$.

The underwriting classification is assigned at the time the policy is issued and will not be changed by Aetna if a member's health deteriorates after purchasing coverage. However, if the member applies to change their benefits, we will consider the member's medical condition at the time of the change request. If their health status at the time of the request warrants a different underwriting classification, then the member can accept the new coverage at the different underwriting classification or remain in their current coverage at their current underwriting classification.

We have developed underwriting guidelines, which determine the appropriate underwriting classification to place prospective members. These underwriting guidelines are based on the anticipated additional cost that would be attributable to the member's known medical conditions. These additional costs are based upon the judgment of medical personnel of the likelihood and frequency of necessary treatment for the known medical conditions as well as the cost of that treatment.

Resulting Rates

The proposed rates are included in the attached exhibits. They vary by age and geographic location.

Lifetime Loss Ratio

The anticipated loss ratio (with discounting) is 75.9% for this product, which is greater than the 70% minimum requirement. Please see Exhibit D for a demonstration of the anticipated lifetime loss ratio.

Applicability

This filing is intended for new business only.

Actuarial Certification

Aetna Life Insurance Company

I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of California. I also assert that the benefits are reasonable in relation to the premiums, and that the calculations are based on my best estimate of the future experience. I further attest that all lifetime and future projected loss ratios exceed the 70% minimum requirement.



James Zheng, FSA, MAAA

December 9, 2010
Date: _____

Telephone No.: (860) 273-0366

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA Preventive and Hospital Care 3000		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$3000/\$6000	\$6000/\$12,000
Coinsurance	\$2000/\$4000	\$4000/\$8000
Coinsurance Maximum (Individual / Family)	20% after deductible up to out-of-pocket max.	50% after deductible up to out-of-pocket max.
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	Not Covered	Not Covered
Specialist Office Visit	Not Covered	Not Covered
Urgent Care Facility	Not Covered	Not Covered
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	20% after \$100 copay (copay waived if admitted)	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	Not Covered	Not Covered
Mental Health - Serious Mental Illness (SMI) or Biologically Based	20% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	20% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Alcohol/Drug Abuse Services - Rehabilitation	20% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	20% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	Not Covered	Not Covered
Home Health Care (30 visits per calendar year)	20% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	Not Covered	Not Covered
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	Not Applicable	
Generic Copay / Coinsurance	Not Covered	Not Covered
Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Not Applicable	Not Applicable

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA 1750		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$1750/ \$3500	\$5000/\$10,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$10,750/\$21,500	\$7,500 / \$15,000
Out-of-Pocket Maximum (Individual / Family)	\$12,500/\$25,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$40 Copay deductible waived	50% after deductible
Specialist Office Visit	\$50 Copay deductible waived	50% after deductible
Urgent Care Facility	\$75 Copay deductible waived	50% after deductible
Hospital Admission	40% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible
Emergency Room	\$350 copay (copay waived if admitted)	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Alcohol/Drug Abuse Services - Rehabilitation	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Skilled Nursing Facility (30 days per calendar year)	40% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	40% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	\$750 Does not apply to generic	\$750 Does not apply to generic
Generic Copay / Coinsurance	\$15 copay - deductible waived	\$15 copay plus 50% - deductible waived
Preferred Brand Copay / Coinsurance	\$35 Copay after deductible	\$35 Copay plus 50% after deductible
Non-Preferred Brand Copay / Coinsurance	\$60 Copay after deductible	\$60 Copay plus 50% after deductible
Self-Injectible Drugs Copay / Coinsurance	25% after deductible	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA 2750		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$2750/ \$5500	\$5500/\$11,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$4750/\$9500	\$7000/\$14,000
Out-of-Pocket Maximum (Individual / Family)	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$30 Copay deductible waived	50% after deductible
Specialist Office Visit (includes maternity office visits)	\$50 Copay deductible waived	50% after deductible
Urgent Care Facility	\$50 Copay deductible waived	50% after deductible
Hospital Admission (includes maternity admission)	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deduct	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Alcohol/Drug Abuse Services - Rehabilitation	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Skilled Nursing Facility (30 days per calendar year)	30% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	30% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	\$750 Does not apply to generic	\$750 Does not apply to generic
Generic Copay / Coinsurance	\$15 copay - deductible waived	\$15 copay plus 50% - deductible waived
Preferred Brand Copay / Coinsurance	\$35 Copay after deductible	\$35 Copay plus 50% after deductible
Non-Preferred Brand Copay / Coinsurance	50% copay after deductible	50% copay after deductible
Self-Injectible Drugs Copay / Coinsurance	25% after deductible	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA 3500		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$3500/ \$7000	\$7000/\$14,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$4000/\$8000	\$5500/\$11,000
Out-of-Pocket Maximum (Individual / Family)	\$7,500/\$15,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$35 Copay deductible waived	50% after deductible
Specialist Office Visit	\$50 Copay deductible waived	50% after deductible
Urgent Care Facility	\$50 Copay deductible waived	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Alcohol/Drug Abuse Services - Rehabilitation	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Skilled Nursing Facility (30 days per calendar year)	30% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	30% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	\$750 Does not apply to generic	\$750 Does not apply to generic
Generic Copay / Coinsurance	\$15 copay - deductible waived	\$15 copay plus 50% - deductible waived
Preferred Brand Copay / Coinsurance	\$35 Copay after deductible	\$35 Copay plus 50% after deductible
Non-Preferred Brand Copay / Coinsurance	50% copay after deductible	50% copay after deductible
Self-Injectible Drugs Copay / Coinsurance	25% after deductible	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA 5000		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$5000/ \$10,000	\$10,000/\$20,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$5000/ \$10,000	\$2500/\$5000
Out-of-Pocket Maximum (Individual / Family)	\$10,000/\$20,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$40 Copay deductible waived	50% after deductible
Specialist Office Visit	\$50 Copay deductible waived	50% after deductible
Urgent Care Facility	\$50 Copay deductible waived	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Alcohol/Drug Abuse Services - Rehabilitation	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Skilled Nursing Facility (30 days per calendar year)	30% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	30% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	\$750 Does not apply to generic	\$750 Does not apply to generic
Generic Copay / Coinsurance	\$15 copay - deductible waived	\$15 copay plus 50% - deductible waived
Preferred Brand Copay / Coinsurance	\$35 Copay after deductible	\$35 Copay plus 50% after deductible
Non-Preferred Brand Copay / Coinsurance	50% copay after deductible	50% copay after deductible
Self-Injectible Drugs Copay / Coinsurance	25% after deductible	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA 6500		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$6500/ \$13,000	\$10,000/\$20,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$3500/\$7000	\$2500/\$5000
Out-of-Pocket Maximum (Individual / Family)	\$10,000/\$20,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$40 Copay deductible waived	50% after deductible
Specialist Office Visit	\$50 Copay deductible waived	50% after deductible
Urgent Care Facility	\$50 Copay deductible waived	50% after deductible
Hospital Admission	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Alcohol/Drug Abuse Services - Rehabilitation	30% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and
Skilled Nursing Facility (30 days per calendar year)	30% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	30% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	\$750 Does not apply to generic	\$750 Does not apply to generic
Generic Copay / Coinsurance	\$15 copay - deductible waived	\$15 copay plus 50% - deductible waived
Preferred Brand Copay / Coinsurance	\$35 Copay after deductible	\$35 Copay plus 50% after deductible
Non-Preferred Brand Copay / Coinsurance	50% copay after deductible	50% copay after deductible
Self-Injectible Drugs Copay / Coinsurance	25% after deductible	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY

Exhibit A

Brief Summary of Benefit Plan

MCOA 7500 with Unlimited Primary Care plus Dental		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$7500/ \$15,000	\$10,000/\$20,000
Coinsurance	20% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$2500/\$5000	\$2500/\$5000
Out-of-Pocket Maximum (Individual / Family)	\$10,000/\$20,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$40 Copay deductible waived	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible
Urgent Care Facility	\$75 Copay deductible waived	50% after deductible
Hospital Admission	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Room	\$150 copay (copay waived if admitted)	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	20% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	20% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	20% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Alcohol/Drug Abuse Services - Rehabilitation	20% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	20% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	20% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	20% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	20% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	N/A	N/A
Generic Copay / Coinsurance	\$15 copay	\$15 copay plus 50%
Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA Value 2500		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$2,500/ \$5,000	\$5,000 / \$10,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$5000/10,000	\$5000/ \$10,000
Out-of-Pocket Maximum (Individual / Family)	\$7500 / \$15,000	\$10,00 / \$20,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$50 copay, deductible waived For visits 1-3 3+ visits member is responsible for 100%. Aetna discount applies; Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do no share visits	50% after deductible
Specialist Office Visit (includes maternity office visits)	\$50 copay, deductible waived For visits 1-3 3+ visits member is responsible for 100%. Aetna discount applies; Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do no share visits	50% after deductible
Urgent Care Facility	\$75 Copay deductible waived	50% after deductible
Hospital Admission (includes maternity admission)	40% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Alcohol/Drug Abuse Services - Rehabilitation	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	40% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	40% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	N/A	N/A
Generic Copay / Coinsurance	\$20 copay	\$20 copay plus 50%
Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA Value \$000		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$5,000 / \$10,000	\$2500/ \$5000
Out-of-Pocket Maximum (Individual / Family)	\$10,000/ \$20,000	\$12,500/ \$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$50 copay, deductible waived For visits 1-3 3+ visits member is responsible for 100%. Aetna discount applies: Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do no share visits	50% after deductible
Specialist Office Visit (includes maternity office visits)	\$50 copay, deductible waived For visits 1-3 3+ visits member is responsible for 100%. Aetna discount applies: Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do no share visits	50% after deductible
Urgent Care Facility	\$75 Copay deductible waived	50% after deductible
Hospital Admission (includes maternity admission)	40% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Alcohol/Drug Abuse Services - Rehabilitation	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	40% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	40% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	N/A	N/A
Generic Copay / Coinsurance	\$20 copay	\$20 copay plus 50%
Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

MCOA Value 8000		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$8000 / \$16,000	\$10,000 / \$20,000
Coinsurance	30% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$4500/\$9000	\$2500/ \$5000
Out-of-Pocket Maximum (Individual / Family)	\$12,500/ \$25,000	\$12,500/ \$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	\$50 copay, deductible waived For visits 1-3 3+ visits member is responsible for 100%. Aetna discount applies; Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do no share visits	50% after deductible
Specialist Office Visit (includes maternity office visits)	\$50 copay, deductible waived For visits 1-3 3+ visits member is responsible for 100%. Aetna discount applies; Aetna will pay 100% after OOP is satisfied NOTE non-spec and spec do no share visits	50% after deductible
Urgent Care Facility	\$75 Copay deductible waived	50% after deductible
Hospital Admission (includes maternity admission)	40% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible
Emergency Room	\$100 copay (copay waived if admitted) 30% coin after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	30% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Alcohol/Drug Abuse Services - Rehabilitation	40% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	40% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	30% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	30% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	40% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	N/A	N/A
Generic Copay / Coinsurance	\$20 copay	\$20 copay plus 50%
Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

HDHP 3500		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$3,500 / \$7,000	\$6,000 / \$12,000
Coinsurance	10% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$2450/\$4900	\$4,000/\$8,000
Out-of-Pocket Maximum (Individual / Family)	\$5,950/11,900	\$10,000/\$20,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	10% after deductible	50% after deductible
Specialist Office Visit (includes maternity office visits)	10% after deductible	50% after deductible
Urgent Care Facility	10% after deductible	50% after deductible
Hospital Admission (includes maternity admission)	10% after deductible	50% after deductible
Outpatient Surgery	10% after deductible	50% after deductible
Emergency Room	10% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	10% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	10% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	10% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Alcohol/Drug Abuse Services - Rehabilitation	10% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	10% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	10% after deductible	50% after deductible
Home Health Care (60 visits per calendar year)	10% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	10% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	Integrated with Medical/Rx deductible	Integrated with Medical/Rx deductible
Generic Copay / Coinsurance	10% after Medical/Rx deductible	50% after Medical/Rx deductible
Preferred Brand Copay / Coinsurance	10% after Medical/Rx deductible	50% after Medical/Rx deductible
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Exhibit A
Brief Summary of Benefit Plan

HDHP \$500		
Member Benefits	In-Network	Out-of-Network
Deductible (Individual / Family)	\$5,500 / \$11,000	\$10,000 / \$20,000
Coinsurance	0% up to out-of-pocket max.	50% after deductible up to out-of-pocket max
Coinsurance Maximum (Individual / Family)	\$0/\$0	\$2,500/\$5,000
Out-of-Pocket Maximum (Individual / Family)	\$5,500 / \$11,000	\$12,500/\$25,000
Lifetime Maximum (cross applies to in and out of network)	Unlimited	
Non-specialist Office Visit (Internist, General/Family Practitioner or Pediatrician)	0% after deductible	50% after deductible
Specialist Office Visit (includes maternity office visits)	0% after deductible	50% after deductible
Urgent Care Facility	0% after deductible	50% after deductible
Hospital Admission (includes maternity admissions)	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	50% after deductible
Emergency Room	0% after deductible	
Annual Routine Gyn Exam (Annual Pap/Mammogram)	\$0 Copay deductible waived	50% after deductible
Maternity/Obstetrician Services	Not Covered- except complications	
Preventive Health includes lab and x-rays. (cross applies to in and out of network)	\$0 Copay deductible waived	50% after deductible
Lab & X-Ray	0% after deductible	50% after deductible
Mental Health - Serious Mental Illness (SMI) or Biologically Based	0% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Mental Health - Non-SMI or Non-Biologically Based	Not Covered	
Alcohol/Drug Abuse Services - Detoxification -	0% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Alcohol/Drug Abuse Services - Rehabilitation	0% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.	50% after deductible-Not covered except for severe biologically based mental or nervous disorders and associated treatment of drug and alcohol dependencies.
Skilled Nursing Facility (30 days per calendar year)	0% after deductible	50% after deductible
Physical/Occupational/Therapy (24 visits per year)	0% after deductible	50% after deductible
Home Health Care (30 visits per calendar year)	0% after deductible	50% after deductible
Durable Medical Equipment (DME: \$2000 Annual Max)	0% after deductible	50% after deductible
Pharmacy		
Pharmacy Deductible (separate deductible for In- and Out-of-network)	Integrated with Medical/Rx deductible	Integrated with Medical/Rx deductible
Generic Copay / Coinsurance	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Preferred Brand Copay / Coinsurance	0% after Medical/Rx deductible	50% after Medical/Rx deductible
Non-Preferred Brand Copay / Coinsurance	Not Covered	Not Covered
Self-Injectible Drugs Copay / Coinsurance	Not Covered	Not Covered
Calendar Year Maximum per Individual	Unlimited	Unlimited

AETNA LIFE INSURANCE COMPANY
Aetna Tracking CA-2010-11
Exhibit B - Demographic Factors

All Plan Designs	
Age	Unisex
0	2.4772
1	1.1186
2	0.7297
3	0.6775
4	0.6236
5	0.5783
6	0.5423
7	0.5170
8	0.5034
9	0.5026
10	0.5144
11	0.5376
12	0.5698
13	0.5917
14	0.6327
15	0.6752
16	0.7174
17	0.7573
18	0.7770
19	0.7924
20	0.7737
21	0.7517
22	0.7121
23	0.7228
24	0.7394
25	0.7628
26	0.7918
27	0.8239
28	0.8560
29	0.8853
30	0.9098
31	0.9287
32	0.9423
33	0.9519
34	0.9599
35	0.9689
36	0.9817
37	1.0000
38	1.0244
39	1.0543
40	1.0880
41	1.1239
42	1.1607
43	1.1979
44	1.2358
45	1.2745
46	1.3146
47	1.3557
48	1.3973
49	1.4391
50	1.4811
51	1.5239
52	1.5690
53	1.6188
54	1.6761
55	1.7435
56	1.8160
57	1.8928
58	1.9734
59	2.0567
60	2.1410
61	2.2731
62	2.4138
63	2.5623
64	2.7186
65+	2.8865

AETNA LIFE INSURANCE COMPANY
Aetna Tracking CA-2010-11
Exhibit C - Area Factors

Rating Area	Counties	Area Factor
1	San Diego	0.8633
2	Orange (926-928)	0.8633
3	Los Angeles (905-908,917)	0.7485
4	Los Angeles (910-916, 918, 935), Imperial, Riverside, San Bernardino, Ventura (913)	0.9112
5	Los Angeles (900-904, all other not in Area 3 or 4)	1.0000
6	Alameda, Contra Costa, Marin, Monterey, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz	1.0730
7	Alpine, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, San Luis Obispo, Santa Barbara, Stanislaus, Tulare, Tuolumne, Ventura (excluding 913)	0.8391
8	Amador, El Dorado, Napa, Placer, Sacramento, Solano, Sonoma, Yolo	1.0480
9	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba	0.8948

AETNA LIFE INSURANCE COMPANY
Aetna Tracking CA-2010-11
Exhibit D

Demonstration of Anticipated Lifetime Loss Ratio

Assumptions			
Duration	Lapse	Selection	Discount Factor
1		0.67	0.9759
2	43%	0.85	0.9294
3	37%	0.90	0.8852
4	30%	0.99	0.8430
5	26%	1.00	0.8029
6	26%	1.03	0.7646
7	26%	1.14	0.7282
8	26%	1.15	0.6936
9	26%	1.15	0.6605
10	26%	1.15	0.6291
11	26%	1.15	0.5991
12	26%	1.15	0.5706
13	26%	1.15	0.5434
14	26%	1.15	0.5175
15	26%	1.15	0.4929
16	26%	1.15	0.4694
17	26%	1.15	0.4471
18	26%	1.15	0.4258
19	26%	1.15	0.4055
20	26%	1.15	0.3862
21	26%	1.15	0.3678
22	26%	1.15	0.3503
23	26%	1.15	0.3336
24	26%	1.15	0.3177
25	26%	1.15	0.3026

Estimated Loss Ratio by Contract Duration			
Contract Duration	Premium	Incurred Claims	Loss Ratio
1	1,000	591	59%
2	658	485	74%
3	478	369	77%
4	382	318	83%
5	324	267	82%
6	275	230	84%
7	233	211	91%
8	198	177	90%
9	165	148	90%
10	137	123	90%
11	114	103	90%
12	95	86	90%
13	79	71	90%
14	66	59	90%
15	55	49	90%
16	46	41	90%
17	38	34	90%
18	32	29	90%
19	27	24	90%
20	22	20	90%
21	18	17	90%
22	15	14	90%
23	13	12	90%
24	11	10	90%
25	9	8	90%

	Premium	Incurred Claims	Anticipated Lifetime Loss Ratio
Without Discount	4,493	3,496	77.8%
With Discount	3,628	2,753	75.9%

Assumptions
Annual sales of \$1,000 premium
Base claim trend 12.80%
Future premium increase (Years 2-8) 14.80%
Future premium increase (Years 9-25) 12.80%
New business MBR estimate 59%
Interest Rate 5%

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